KELSEY TRAIL
HEALTH REGION

Annual Report
April 1, 2004 - March 31, 2005

"Working together to improve the health of people."

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The Kelsey Trail Health Region's Annual Report for the year ending March 31, 2005 may also be accessed on the health region's website:
www.kelseytrailhealth.ca

106-01165/

LETTER OF TRANSMITTAL

June 15, 2005

To the Honourable John Nilson
Minister of Health
Room 361
Legislative Building
REGINA, Saskatchewan
S4S 0B3

Dear Mr. Nilson

In accordance with The Regional Health Services Act, the Kelsey Trail Regional Health Authority is pleased to provide you and the residents of the health region with its 2004-05 annual report.

This report provides the audited financial statements of the region for the year ended March 31, 2005 as well as outlining the Region's activities and accomplishments for that period.

Respectfully submitted,

Carol Hayward

Carol Hayward
Chairperson

WHO WE ARE

Strategic Direction

The Kelsey Trail Health Region supports the provincial government's *Action Plan for Saskatchewan Health Care* strategic direction. Therefore, the Regional Health Authority developed a series of strategic statements and objectives that reflect the *Action Plan's* provincial approach to continuous improvement and the region's commitment to health care quality for the people of northeastern Saskatchewan.

The Kelsey Trail Health Region's strategic statements align with Saskatchewan Health's goals and are directed toward the provincial vision of "building a province of healthy people and healthy communities."

Vision, Mission, Values

Early in the regionalization process, both the region's name and its logo were chosen through receipt of public input. The region's logo symbolizes *oneness* and a sense of working together toward common goals. The stylized ellipse represents a circle of life within communities and the traditional healing circle from Aboriginal cultures. The openings represent the region's open door policies and accessibility to its public, partners and neighboring regions.

Vision:

"Healthy People in Healthy Communities"

Mission:

"Working together to improve the health of people"

Values:

- *Honesty*
- *Integrity*
- *Accountability*
- *Responsibility*
- *Quality*
- *Teamwork*
- *Care & Compassion*
- *Fairness*
- *Open Communication*
- *Service Excellence*

Goals and Objectives:

The region continues to focus on four common goals originally outlined in the *Action Plan for Saskatchewan Health Care*. The region's commitment to these goals is demonstrated through the organizational structure with the implementation of departments responsible for Quality of Care & Client Advocacy, Primary Health Care, Population Health Promotion, Recruitment and Retention, Communication, Strategic Planning, Quality Improvement Initiatives and Pre-Emergency Care, etc. In keeping with the region's commitment to ensuring that goals and objectives will be developed in consultation with its public, partners, stakeholders and staff the region undertook a variety of unique strategic planning processes that engaged intersectoral and municipal partners and staff representatives to actively participate in determining the Region's goals and objectives. Representatives supported the four goals identified in the *Action Plan for Saskatchewan Health Care* and identified and prioritized objectives for the region. The Region's objectives under each of the goals were initially categorized as short term (1 to 3 years) and long term (3 to 5 years +) and are as follows.

Goal # 1: **Effective health promotion and disease prevention.**	Short Term Objectives: • Through ongoing needs assessment, work with communities to identify and prioritize needs. • Address diabetes awareness and resources by enhancing connections with health professionals and intersectoral partners and/or in conjunction with provincial initiatives such as the Northern Health Strategy. • Collaborate with intersectoral partners to identify what each is doing to avoid duplication. • Foster early intervention with priority given to working with children and young parents. • Support processes to develop, maintain, and enhance intersectoral linkages. • Maintain and enhance maternal, infant and early childhood intervention. Long Term Objectives: • Health promotion and/or education of ALL age groups with emphasis on personal responsibility. • Use research and data more effectively to ensure evidence-based decision-making. • Support healthy public policy development within and outside the organization. • Engage in strategies to promote a more physically active population.
Goal # 2: **Retain, recruit and train health providers.**	Short Term Objectives: • Improve utilization and availability of health human resources. • Invest in staff through (1) provision of training and support in areas of new technology, skills and team development; (2) staff appreciation and recognition. • Collaborate with local municipal organizations to develop an inventory of community services with a view to a team approach to recruitment. • Enhance communication with frontline staff. • Consider creative initiatives for using alternate providers to maximize effective use of resources. • Promote workplace wellness. Long Term Objectives: • Develop/grow our own staff from residents of the region (through activities such as bursaries, local training, and/or collaboration with other agencies. • In the area of recruitment, collaborate with community partners, including local government and other stakeholders such as staff and physicians. • Participate in innovative strategies to recruit First Nations people. • Strive to become a preferred Health Care employer.
Goal # 3: **Improve access to quality health care services.**	Short Term Objectives: • Develop primary health care teams. • Support initiatives to allow staff to utilize full scope of practice. • Evaluate EMS and First Responder service systems and examine associated issues. • Address issues/barriers of transportation and geography in rural areas by maintaining or reasonably enhancing visiting specialist services, telehealth, etc. • Establish guidelines regarding "reasonable access". Long Term Objectives: • Promote team approach through primary health care team development. • Support centres of excellence (example: dialysis). • Continuously strive for excellence through quality improvement processes. • Ongoing emphasis on evaluation and evidence-based practice.

Goal # 4:	Short Term Objectives:
A sustainable, efficient, accountable and quality health system.	• Ensure quality effective care. • Examine all health service delivery in terms of distance and appropriate services to be delivered, taking into account cost-effectiveness, community needs, geography, etc. • Utilize the Population Health Promotion Model to increase public awareness of health services as well as a personal responsibility for individual health. • Reallocate staff and resources to maximize organizational potential through evaluation and task analysis to identify possibilities of new and different ways of doing things (primary care nurse; home care clinic rooms, telehealth, Primary Health Care teams). • Adopt the primary health care model. • Collaborate intersectorally in prevention, early intervention and education programs. • Pursue the establishment of common goals with partners, utilizing a team approach to use resources as efficiently as possible. Long Term Objectives: • Create a work environment that empowers staff, resulting in increased productivity, feeling valued and maintaining personal wellness and safety. • Ensure sustainability through evaluation and redesigning of programs/services to assess effectiveness. • Evaluate all services incorporating a community health perspective. • Implement programs and services to meet public needs.

The region's goals and objectives were further utilized as the foundation for quality improvement teams, as well as program/facility and management teams to develop operational strategies that support their efforts.

Governance and Organization

Regional Health Authority # 8 was established on August 1, 2002 with the proclamation of *The Regional Health Services Act*. Effective this date, the Authority assumed the operations of the former North-East, North Central and Pasquia Health Districts.

As per *The Regional Health Services Act*, there are to be twelve (12) members serving on the Kelsey Trail Health Regional Health Authority. The Minister of Health appoints these individuals. At March 31, 2005, the Authority included the following:

Back Row: (L to R) Robert Cheechoo (Cumberland House), Dale Link, Vice-Chairperson (Melfort), Carla Hipkins (Porcupine Plain), Gordon Denton, C.E.O., Steve Rudy (Nipawin), Bruce Karras (Nipawin), Minnie Deutsch (Nipawin), Don DeMarsh (Tisdale)

Front Row: (L to R) Darrel Guy (Lintlaw), Kathleen Bedard (St. Brieux), Carol Hayward, Chairperson (Tisdale), Lana Thompson (Naicam), Marion Heavin (Melfort)

Roles and Responsibilities:

The roles and responsibilities of the Regional Health Authority are in accordance with those outlined by Saskatchewan Health, in the Region's *Accountability Document*.

The Regional Health Authority is responsible for the planning, organization, delivery and evaluation of the health services it is to provide within its region or any other area directed by the Minister. Specifically, the RHA is responsible for:

- Strategic planning;
- Fiscal management and reporting;
- Building and maintaining key relationships with stakeholders;
- Quality management initiatives;
- Monitoring, evaluation and reporting;
- Monitoring the management and performance of the Authority and Chief Executive Officer.

Organization and Committee Structure:

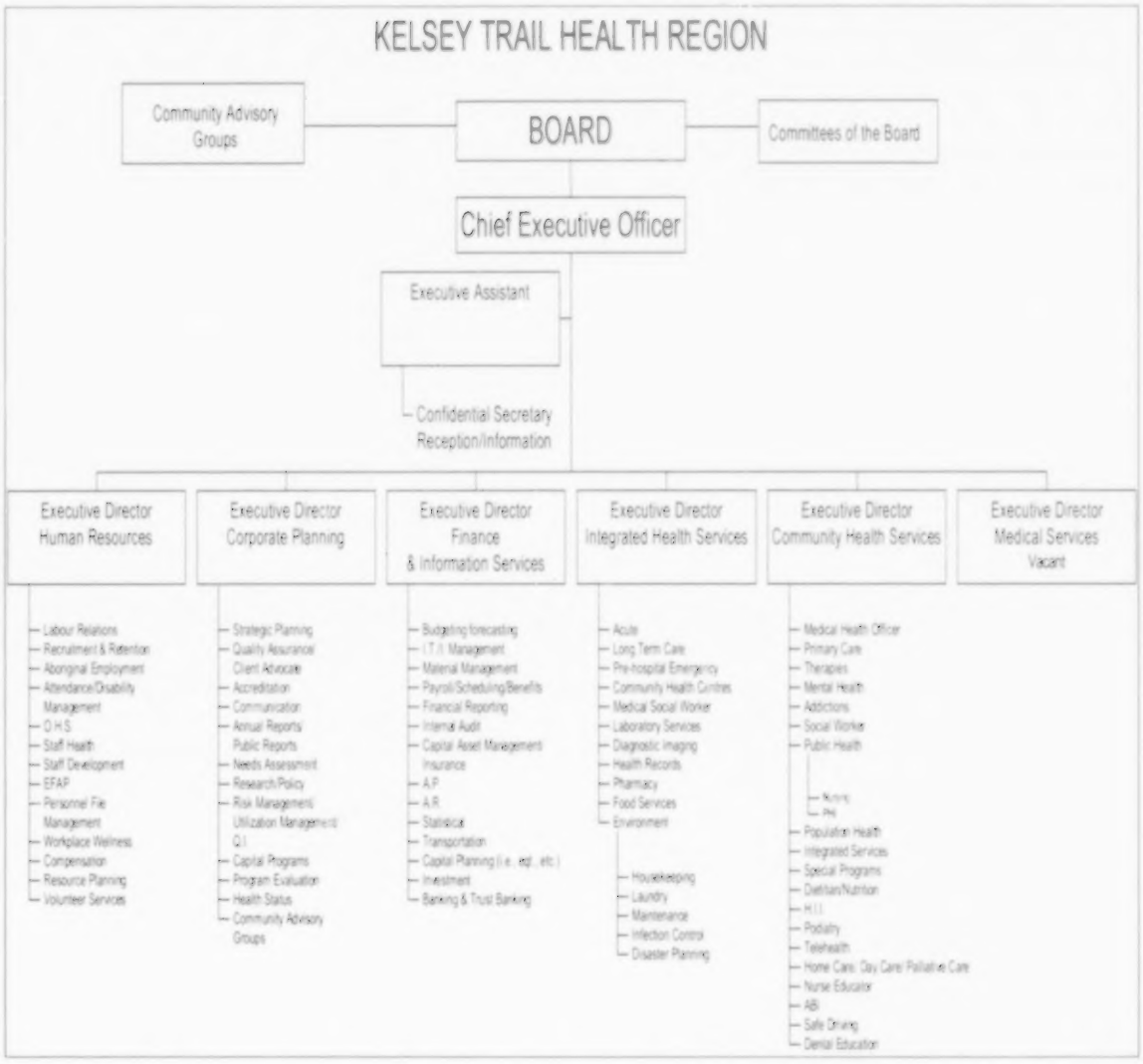
The Kelsey Trail Regional Health Authority is comprised of twelve members. It does not have a formal committee structure. Generally, issues are discussed as a "committee-of-the-whole". Ad hoc committees may be utilized to deal with specific issues.

Administrative Structure:

The Chief Executive Officer is responsible to the Authority for the general operations and daily administrative organization of the health region. The Chief Executive Officer has established a Senior Management Team that ensures effective planning, integration and delivery of facility-based and community-based programs and services throughout the region. The Senior Management Team consists of the following positions and is depicted in the organizational chart.

- Executive Director Integrated Health Services
- Executive Director Community Health Services
- Executive Director Finance & Information
- Executive Director Human Resources
- Executive Director Corporate Planning

ORGANIZATIONAL CHART



Maintaining Public Transparency:

Accountability is a key value of the Authority. A variety of methods are utilized to ensure public transparency and to ensure access by the public to ongoing information.

- The Regional Health Authority conducts regular monthly meetings that are open to the public. As time allows, a general open forum occurs that involves members of the public who may be present at the meeting.

- The authority reports on its deliberations and activities to the public with *Kelsey Trail Regional Health Authority Highlights* that are circulated to regional media as well as to staff. In addition, a quarterly newsletter, *Kelsey Trail News*, is circulated to all staff as well as to a comprehensive mailing list of stakeholders and is posted on the region's public website.
- Monthly authority meetings are held primarily at the regional office in Tisdale and every two months the meeting location rotates between the communities of Melfort and Nipawin. Meetings may be held in various communities as a need or issue specific to the community is identified.
- Positive working relationships have been established with the media contacts (print, radio) to ensure the distribution of public information in regard to issues pertaining to the region and/or to public safety issues. News releases are provided on specific issues.
- The RHA chairperson, Chief Executive Officer and other representatives of the region are available for presentations to municipal councils, community service groups, community trust committees and/or foundations, and for the general public.
- Development and availability of the Annual Report document both in hard- copy, or electronically on the region's public website (www.kelseytrailhealth.ca).
- Payee disclosure lists are made available for review.

Advisory Structure:

The Regional Health Services Act requires each Authority to develop a process for soliciting public input and feedback to provide the Authority with advice respecting the provision of health services in the health region. The advisory processes represent the broad interests of the community to the Regional Health Authority. "Community" may be defined as a geographical area consisting of a number of pre-determined urban and rural municipalities, or as a community of interest pertaining to a specific health-related issue/concern.

The region utilizes a number of methods for soliciting community input. A formal community advisory focus group was established for the community of Cumberland House as well as the establishment of an Aboriginal Advisory Focus Group process underway to address Aboriginal issues across the region.

The Authority also utilizes an informal structure to serve as the Advisory Network and takes advantage of existing intersectoral relationships. These include consultations with rural and urban municipal councils, Regional Intersectoral Committees, Chambers of Commerce, Education and other community stakeholder groups, physicians and previous health district-related foundations, trusts and advisory groups.

Community representatives were active participants in the initial regional strategic planning process as well as in the creation and ongoing development of the region's Population Health Promotion Strategy. Working groups continue to meet on a regular basis to coordinate the development and implementation of the ongoing plan.

Health Care Organizations and Other Third Party Relationships

There are a number of contractual relationships with independent organizations that deliver health services to specific clients or residents throughout the region. As defined by *The Regional Health*

Services Act, "a health care organization" is an affiliate or a prescribed organization that receives funding from an Authority to provide health services. These relationships include the following:

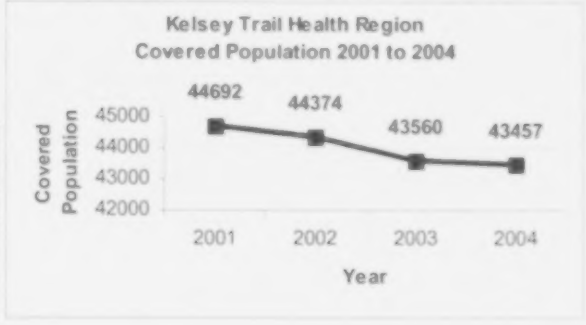
- Contracted Emergency Medical/Ambulance Services in the communities of Kelvington, Melfort, Naicam, Nipawin/Carrot River, Rose Valley and Tisdale.
    - Emergency Medical Services are responsible for: access, care, stabilization and transport of acutely ill and injured clients. This is accomplished by means of Emergency Medical Dispatch Systems determining priority of emergency responses and dispatching Advanced, Intermediate and Basic Life Support crews.
    - Monthly reporting of Patient Care Service Performance and Financial requirements ensures accountability. Information provided includes: Number of calls by category; percentage of performance against the regional benchmark of chute times less than 6 minutes 59 seconds from time of call to response. (Benchmark 90% efficiency); patient demographics; service excess volume utilization and total kilometers traveled per month. Client satisfaction survey results are recorded and reported, as are reports on audits of at least 25% of all trips performed by the service. Reports on the continuing education activities of each service are required annually, as are annual audited financial statements, proposed operating budget, statement of remuneration of employees to Provincial levels and statement of benefits paid on behalf of employees.
- Contracted Home Care services for the Village of Cumberland House.
- Contracted addiction services for the Village of Cumberland House through Pine Island Outpatient Centre. Pine Island Outpatient Centre is a community-based organization designed to meet the ongoing needs of the residents of the Northern Village of Cumberland House and area in relation to counseling and support for issues in mental health and addiction services.
- In all cases accountability is tracked by means of an annual Audited Financial statement. Since the relationships with Kelsey Trail Regional Health Authority for a number of these agencies are in their infancy work has been undertaken to continue to develop more cohesive reporting structures.
- Cumberland House Community Health Representative funded through funding from the Village of Cumberland House.
- Dental Health Program Services in Cumberland House contracted from Prince Albert Grand Council.
- In 2004-05, the delivery of a Diabetes-Cardiac program at Cumberland House was contracted through Prince Albert Grand Council.
- Addiction Counseling services for Hudson Bay area through ARS. (Delivery of some safe driving program service was also contract through ARS for a portion of the past year.)

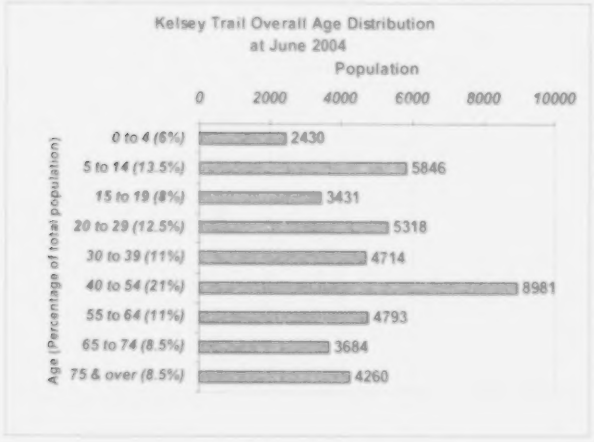
These contractual relationships with organizations allow for the provision of services that reflect the region's goals and objectives and allow for the achievement of expectations as outlined in the region's Accountability Document.

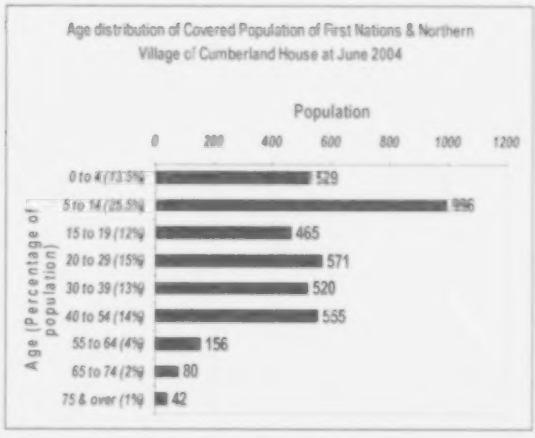
REGIONAL ENVIRONMENTAL SCAN

The Kelsey Trail Health Region encompasses a large geographic area of approximately, 47,397 square kilometers. As of June 2004, the region had a covered population of 43,457 people. This represents approximately 4.3% of Saskatchewan's total population. The population density of the region is quite low at 0.91 persons per square kilometer. The provincial average is 1.58 persons per square kilometer.

50.24% of the region's total covered population is male. 49.76% is female.



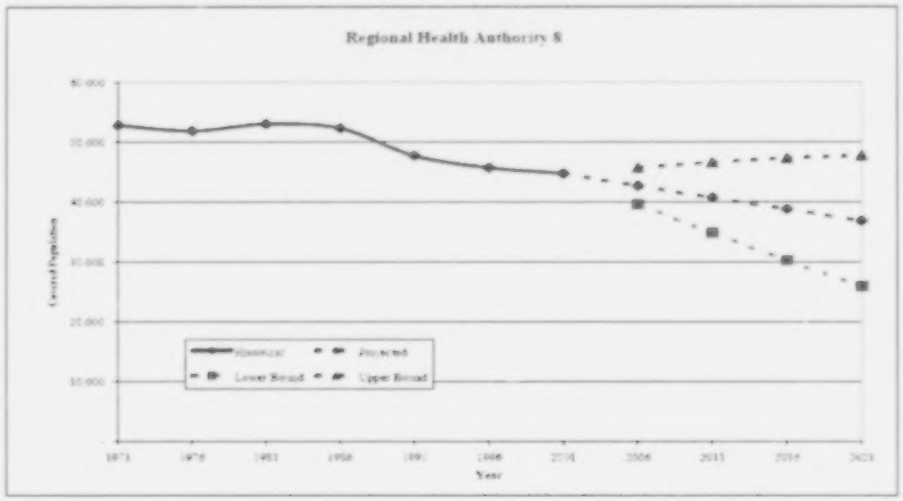




Approximately nine percent (9%) of the region's population resides within the five First Nation reserves, or within the Northern Village of Cumberland House. In regard to the population residing within the First Nation communities of Red Earth, Shoal Lake, Cumberland House Cree Nations, Kinistin Saulteaux Nation, Yellowquill First Nation and the Northern Village of Cumberland House, the age distribution differs significantly from the overall population of the region. In these areas, 40% of the population is between the ages of 0 to 14 years with and additional 12% between the age of 15 to 19 years.

Between 2001 and 2004, the region's population declined by approximately 3% (lower than the percentage of decline in other regions of the province). The following diagram shows the projected populations rates for Kelsey Trail as shown in the *Saskatchewan Health Population Projections 2006 to 2021*.

Historical & projected population for Kelsey Trail Health Region, 1971 to 2021



The Kelsey Trail Regional Health Authority provides health services to the residents of 58 rural and urban municipalities in the northeastern corner of Saskatchewan. Incorporated with the region's boundaries are five First Nations communities and the Northern Village of Cumberland House.

The large geographic area of the health region and resulting long distances between communities, and communities in isolation poses similar challenges for both residents and health care staff. The dispersed population of the region also characterizes the region with a significant number of local residents having to travel considerable distances to receive care.

Approximately 1,600 staff members provide a broad range of community-based and facility-based services and programs. A variety of acute, Long Term Care, and program (i.e. observation, respite and palliative) services are provided throughout the region's various facilities. A broad range of community services, home care programming, and emergency medical services are offered throughout the region.

According to information provided in the area's *Annual Labor Market Perspective February 2004*, Human Resources Canada advises that Kelsey Trail area demographics closely mirror those of the province. There is a marked decrease in the rural population with only a marginal increase in the urban with decreases across all ages with the exception of the 45-64-age group. Although an increase in Aboriginal youth overall is seen, youth out-migration continues for the Melfort HRCC area with the senior population rising. The 2004-05 review indicates that "Although the area has been proactive in attracting people to the area through incentive programs covered population figures indicate a declining population and aging infrastructures, and escalating crime rate and a shortage of skilled trades people are a few of the area's challenges."

Economic Trends:

The *Statistics Canada Community Profile Data, 2001* indicates that residents of the Kelsey Trail Health Region have significantly lower levels of income (17.5% less) than residents of Saskatchewan generally.

- Total average earnings of all persons with earnings (both male & female) were $21,179 for health region residents, while they were $25,691 for Saskatchewan residents and $31,757 for Canada as a whole.
- Average earnings for those employed full time for the full year were $29,191 compared to $35,461 for Saskatchewan and $49,224 for Canada.
- Median family income (all census families) was $42,740 for Kelsey Trail Health Region residents compared to $49,264 for Saskatchewan residents overall
- Median family income for couple families was $45,378 for KTHR residents compared to $54,341 for all Saskatchewan families.
- Median family income for single-parent families was $23,727 as compared to $24,787 for Saskatchewan.
- Regarding the source/composition of total incomes, Kelsey Trail residents have a lower rate of wage earnings as their sources of income (68.1%) compared to 73.6% for Saskatchewan as a whole.
- 20.9% of Kelsey Trail Health Region "residents rely on government transfers as their source of income compared to 14.7% of Saskatchewan residents as a whole." 11.0% of KTHR residents state "other money" as their primary source of income compared with 11.7% of Saskatchewan residents as a whole.

Education Levels:

According to information provided in the *2004-05 Northeast Regional Needs Assessment Report*, the education and skill levels of area residents are as follows. (Information regarding education levels is related to the working-age population. Approximately 37,070 people over the age of 20.)

	Kelsey Trail Health Region	Saskatchewan
Less than Grade 12	44%	39%
Grade 12 , or some post-secondary	19%	22%
Certificate or Diploma	29%	25%
University Degree	8%	14%

According to Human Resource Centre of Canada's *Annual Labor Market Perspective, for the Melfort area*, the area is generally covered by cultivated farmland, rolling pastureland, or is lightly wooded or forested. Regional employment declined by 1.8% compared to 2.7% increase provincially. The largest employment gain (87%) was in other services (service professionals, and non-profit groups) with energy and utilities at 28%. Manufacturing declined by 21%. Agriculture, forestry, fishing, hunting, health care and social assistance, and retail trade make up the bulk of industry employment at 49%; higher than the provincial distribution of 37%.

Emerging Health Issues:

As is the case not only in the health region, emerging health threats may happen anywhere and at anytime. In conjunction with Saskatchewan Health and Health Canada the Kelsey Trail Health Region maintains an awareness of issues and deals with them on a priority basis.

There was no reported incidence of West Nile Virus in humans in the region in 2004. However, the threat of West Nile Virus continues to be a real one. The health region continues to work in close collaboration with the Provincial Medical Health Officer, Provincial West Nile Virus Coordinator, and Health Canada during the West Nile season.

The region continues to actively prepare and make plans in the event of a possible Pandemic Influenza outbreak. Preparation and planning are done in conjunction with provincial and national counterparts and involve local municipalities, agencies and stakeholders. Education and information for general public and health care staff is provided on an ongoing basis and they are kept informed of potential issues as they arise – human and financial resources are required to meet such challenges.

Major challenges to the provision of care in Kelsey Trail Health Region include long distances, a sparse population and the limited number of health professionals interested in practicing in remote (and northern) locations.

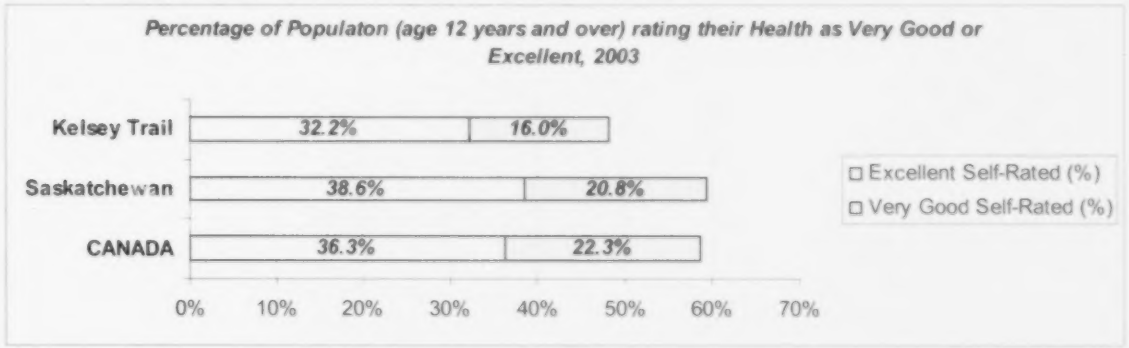
The high incidences of diabetes in parts of the region continue to rank high among health issues for the region. The position of Director of Chronic Disease Management has been developed to address the issues of diabetes as well as other chronic diseases within the region.

Health Status of the Residents of Kelsey Trail Health Region:

There is a considerable at-risk/vulnerable population (0 to 5 years) along with their families, within certain areas of the region. This is evidenced by the establishment of a provincial targeted *KidsFirst* program in Nipawin, as well as in the Community of Cumberland House through *KidsFirst* North.

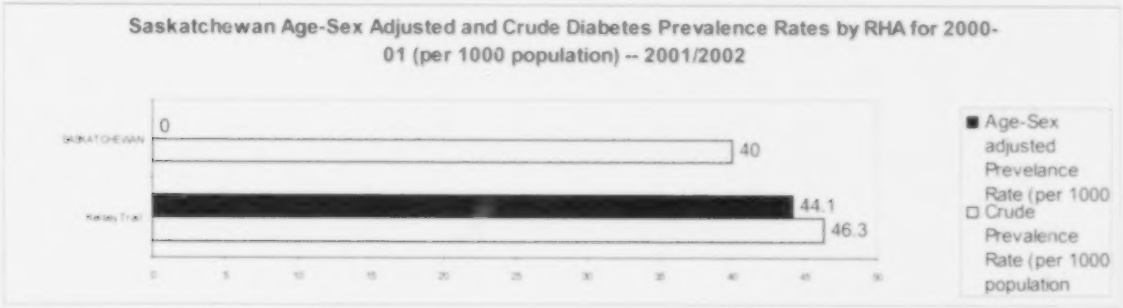
Self-reported health is said to be a general indicator of the overall health status of individuals. It can include what other measures may miss: incipient disease, disease severity, some aspects of positive health status, physiological or psychological reserve, social and mental function. The chart below indicates that 48.2% of the region's population, 12 years and over rated their health status as excellent and/or very good as compared to 59.5% of the province as a whole and 58.6% of Canadians as a whole.

Source: Statistics Canada, Canadian Community Health Survey 2003



Incidence of Diabetes:

The region has a significantly high incidence of diabetes. Statistics indicate that with 44.1/1000 population prevalence rates, the Region ranks fourth highest in the province. This varies in different areas of the region, with the most northeasterly corner ranked third highest in the province in regard to incidence of diabetes. In Saskatchewan overall the average annual age-sex standardized death rates 1995 to 1999 as a result of diabetes mellitus was 21.2 per 100,000 population as compared to 25.4 per 100,000 in Kelsey Trail. The following demonstrates the age-sex adjusted and crude diabetes prevalence rate for the region for 2000-01 per 1,000 population.


Saskatchewan Age-Sex Adjusted and Crude Diabetes Prevalence Rates by RHA for 2000-01 (per 1000 population) -- 2001/2002
0
40
44.1
46.3
Age-Sex adjusted Prevelance Rate (per 1000
Crude Prevalence Rate (per 1000 population

Infant Mortality Rates:

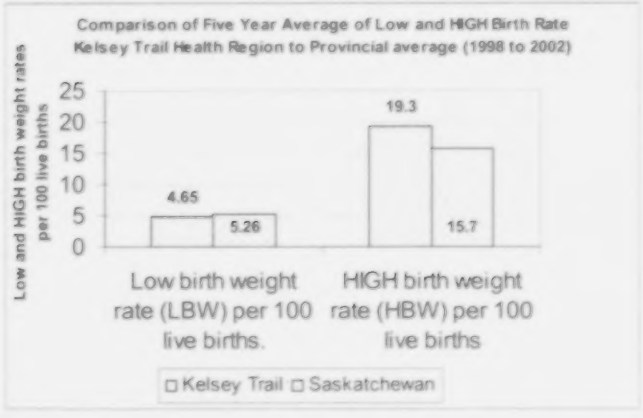
Infant mortality rate is one of the most widely recognized indicators of the overall health of a population. It reflects not only the level of mortality, but also the health status and health care of a population, the effectiveness of preventive care, and the attention paid to maternal and child health, as well as broader social factors such as maternal education, smoking and relative deprivation. Infant mortality is defined as the number of infants who die in the first year of life, expressed as a rate (per 1,000 live births) occurring in that year.

(Source: Saskatchewan Health, Population Health)

According to information provided by Saskatchewan Health, the region's five year average infant mortality rate (1998 to 2002) was 6.02 per 1,000 as compared to the provincial average of 6.24/1,000.

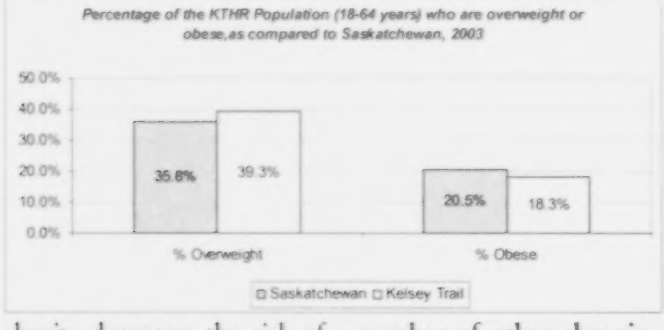
Low and High Birth Weights:

Gestational weight gain is closely linked with pregnancy outcomes. A woman who gains too little weight during pregnancy may deliver a low-birth weight (LWB) baby (less than 2500g/5.5lbs). Low birth weight can be associated with neonatal morbidity and mortality, development problems and other illnesses. This insufficient weight gain may be associated with poverty, youth, limited support network, physical abuse, low educational level, etc. An excessive weight may be associated with high birth weight (HBW), defined as more than 4000g/8.8lbs. Negative consequences associated with high birth weight may include prolonged labor at birth, birth trauma, birth asphyxia, cesarean birth and increased risk of perinatal mortality or increased risk for diabetes.



Body Mass Index: Overweight & Obesity Rates:

Overweight persons for this measure are those with a body mass index (BMI) of 25.0 to 29.9, while obese persons are considered those with a BMI of 30.0 and over. According to *Statistics Canada, Canadian Community Health Survey 2003*, information, 39.3 % of the population of Kelsey Trail Health region is overweight (2nd highest in the province). In addition, 18.3% of the region's population is in the obese category. This is compared to 35.8% overweight and 20.5% in obese category provincially.

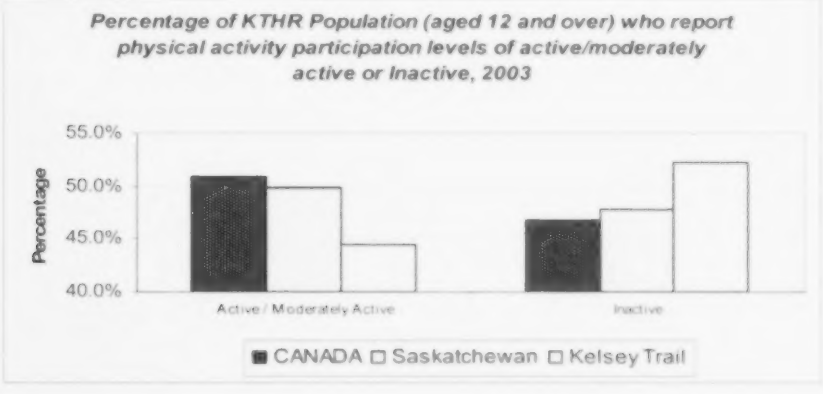


BMI is the most common method of determining if an individual's weight is in the healthy range and is a widely used standard to measure the effects of excess weight as a risk factor for various diseases. Obesity has been identified as a major risk factor contributing to a number of chronic illnesses such as Type 2 Diabetes and heart disease. Reducing the risk of obesity decreases the risk of a number of other chronic conditions such as cardiovascular disease, Type 2 Diabetes and certain types of cancer.

Participation in Physical Activity:

The following charts demonstrate proportion of the population aged 12-years and over who report a physical activity index of "active" and "inactive". Maintaining physical activity is associated with a range of health benefits. Physical inactivity has been identified as a major risk factor for heart disease. Evidence from the *National Population Health Survey* shows that physically active individuals are less likely to suffer from mental health problems such as depression and that increased physical activity is associated with improved cognition, social interaction and integration. Increased participation in physical activity has also been associated with a reduced incidence of high-risk behaviours (such as smoking, alcohol, substance abuse, and inadequate dietary practices) in teenagers, and youth in general.

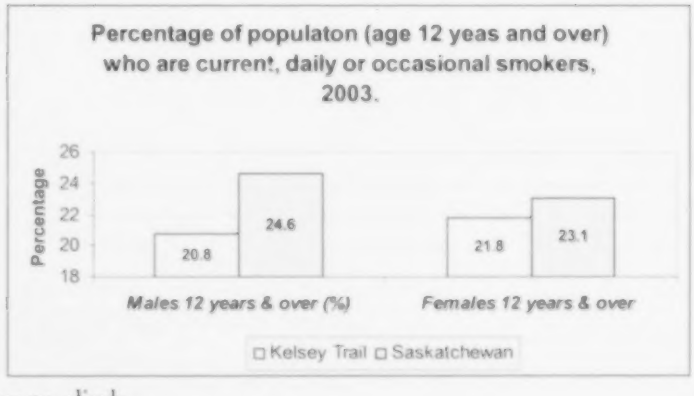
Source: Statistics Canada, Canadian Community Health Survey 2003



Smoking Rates by Age and Sex:

Tobacco use is the leading cause of preventable illness and death in Canada. Health Canada estimates that smoking is responsible for more than 45,000 deaths per year.

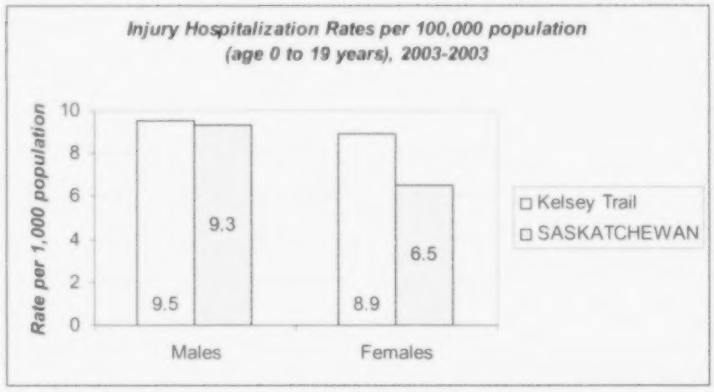
The following indicator reflects the proportion of those who report current, daily or occasional smoking. It is estimated that about eight out of every ten people who try smoking become habitual smokers. Gender differences are also highlighted. Teenaged girls are now more likely to smoke than adolescent boys and if the increased rates of smoking among young women are not reversed, it is anticipated that lung cancer rates among women will continue to climb.



Statistics Canada's *Canadian Community Health Survey 2003* indicates that a lower number of males and females (12 and over) in the region smoked. Sources indicate in 2003, there were about 7139

smokers in the region. Statistics indicate that 20.8% of males and 21.8% of females, 12-years and over, in Kelsey Trail Health Region smoked as compared to 24.6% and 23.1% provincially.

Child and Youth (0-19) Injury and Hospitalization Rates, per 1,000:



Injury is the leading cause of childhood death in Canada. Injury is a leading cause of hospitalizations among Saskatchewan children and youth. In 1996 Saskatchewan had the highest provincial rate of hospitalizations due to injury for children and youth 0-19. Population public health strategies have demonstrated that injury prevention is possible, if it is focused on the risk factors involved. For example: targeting rural areas for increased awareness regarding farm injury. According to statistics 113 individuals aged 0 to 19 were hospitalized in Kelsey Trail Health Region due to injury in 2002-2003. The above chart indicates, Kelsey Trail Health region's Child & Youth Injury hospitalization rate for males 0-19 years was 9.5/1000 population and 8.9/1000 for females in that period. In the case of females, this is significantly different from the Provincial rate of 6.5 per 1,000. The number per 1,000 for males is similar to provincial numbers.

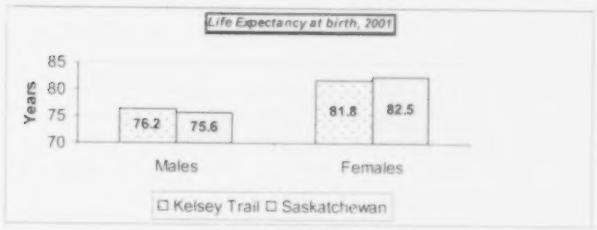
Hospitalization rate due to falls per 1,000 population (age 65 years and over):

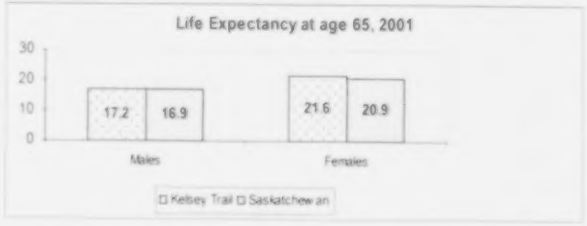
The following information, gathered in 2002-03 in regard to the hospitalization rate in the health region, and provincially, as a result of falls indicates the rate of hospitalization due to falls for males and females aged 65 years and over.

Information regarding the region's incidence of cancer is found in the *Saskatchewan Cancer Control Report, Profiling Trends in Cancer, 1970-2001*, released by the Saskatchewan Cancer Agency. This indicated that Kelsey Trail Health had a cancer prevalence rate of 50 to 59/1000 population. Three regions were shown as having a higher prevalence rate of 60-69/1000. According to the document, the average provincial prevalence rate is 5% (50 per 1000 people).

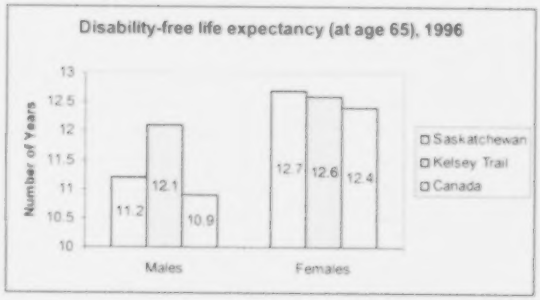
Life Expectancy:

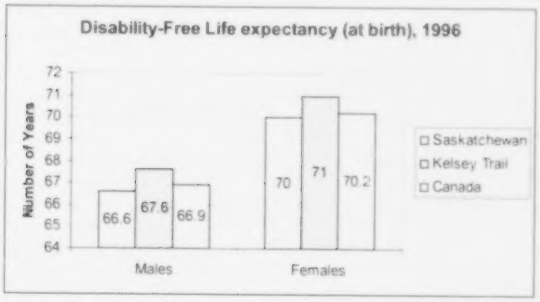
According to 2001 statistics average life expectancy at birth for females in KTHR was 82.5 years versus 81.8 years provincially. For males in KTHR, the average life expectancy at birth was 75.6 years versus 76.2 provincially. Life expectance at age 65 is also depicted below.





The following diagrams also demonstrate the disability-free life expectancy for residents of Kelsey Trail Health Region at age 65 to be an average of 12.1 years for males, and 12.6 years for females versus 11.2 and 12.7 years respectively in the province of Saskatchewan (Canada 10.9 for males; 12.4 for females).





Disability-free life expectancies for residents of KTHR, at birth, 1996 were slightly higher than provincial and national numbers. They were 67.6 years for Males and 71.0 years for Females as compared to 66.6 years and 70.0 years provincially.

As indicated in the *Surveillance Report of Deaths in Saskatchewan Regional Health Authorities, March* 2005, the leading causes of death in the health region for the period 1995 to 1999 were circulatory diseases, including acute myocardial infarction, other heart disease, and all other forms of ischaemic heart disease. Leading cause of premature mortality within the region include motor vehicle traffic accidents, suicide and acute myocardial infarction. The report indicates the annual age-sex standardized death rates as a result of suicide for the period for Kelsey Trail Health region had a mortality rate of 16.7/100,000 compared to 12.8/100,000 for Saskatchewan as a whole.

The annual average age-six standardized death rate in regard to motor vehicle accidents for the region is also statistically different from the provincial rate (KTHR – 22.7/100,000 versus Saskatchewan at 13.9/100,000).

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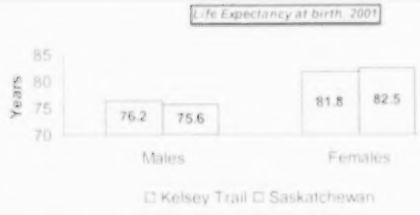

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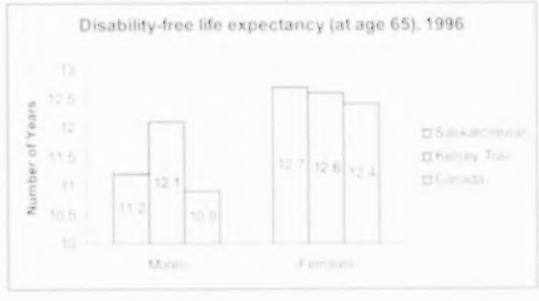

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According to information provided in the report, "The leading cause for potential years of life lost for Saskatchewan males is suicide and on average, every three days, someone in Saskatchewan commits suicide. The leading cause for PYLL for Saskatchewan females is motor vehicle traffic injuries and on average, every three days, someone in Saskatchewan dies in a motor vehicle "accident."

Resources and Risks:

The Kelsey Trail Health Region employs approximately 1,600 employees, including a mixture of unionized (SUN, SGEU, HSAS) and non-unionized professional and support staff.

Approximately 75 physicians provide services within the region's communities, including family physicians and specialists. Specialty services (either resident or visiting) that are provided within the region include areas such as: internal medicine, obstetrics and gynecology, urology, pediatric Rheumatology, ear/nose/throat, podiatrist, orthopedics, ophthalmology, psychiatry, dermatology, allergist, population health, respiratory medicine, pathology and rheumatology and immunology. The region provides a mixture of district and community acute hospitals, long term care facilities and health centres that provide facility-based programs and services to the region's residents. It also provides a broad range of community-based programming, home care services, primary health care, and emergency medical services.

Similar to other regional health authorities in the province, as well as throughout the country, Kelsey Trail Health Region faces the major challenge of health human resource availability. The ability to recruit and retain our health professionals (i.e. physicians, registered nurses, public health inspectors, therapists, speech language pathologists, etc.) will continue to create issues for the continuation of service provision in some areas.

The region has been in a deficit position over the past couple of years. An operational analysis will be undertaken in the region early in the next fiscal year. Appropriate utilization of available financial resources has been and will continue to be, a high priority for the future.

One challenging aspect of achieving goals and objective outcomes is the lack of appropriate human and financial resources. Kelsey Trail Health Region readily endorses and supports the increased focus on quality improvement, patient centered care and accountability throughout the health care system, such initiatives require targeted resources to make them a reality at the RHA level. There is need for capacity building in this area to ensure these activities become core processes in the delivery of health care. With the continued implementation of regional standardization, evidence-based care, and other efficiencies services are becoming increasingly efficient. However, the demand for Home Care assessment services is increasing due to the increased reliance on Home Care. As a result, continued shifting in home care staffing mix and distribution is indicated.

MAJOR INITIATIVES/ACCOMPLISHMENTS

In 2004-05 Kelsey Trail Health Region successfully recruited an Internist, General Surgeon and Regional Radiologist as well as three family physicians.

Intersectoral involvement continues to be a priority for Kelsey Trail Health Region and its partner organizations. The region worked with its various partners in developing the *Kelsey Trail Health Region's Regional Population Health Promotion Plan* using a series of workshops and facilitations to accomplish the task. With the long history of working together and collaborating to provide services throughout the region, the plan promotes coordination and strategic action in the area of health promotion. The collective vision of the plan was determined by reviewing and combining the similarities of the visions of all partner organizations and resulted in an inclusive vision for the plan: *"Improvement in the health status of the residents of Kelsey Trail Health Region utilizing a determinants of health approach that focuses on community development, inclusiveness, support and capacity-building."*

There has been a great deal of work done in the area of drug prevention strategies with Kelsey Trail Health Region staff, local interagency groups and community members. KTHR Mental Health and Addiction Services participated with a number of communities as they learned about Crystal Methamphetamine. Staff continues to participate on committees established in a number of communities to address the ongoing issue of substance use and abuse.

Much work has been done in the region in regard to ensuring compliance and education regarding the *Health Information Protection Act*. A regional Privacy Officer has been established along with a regional Privacy Advisory Team. A significant number of educational opportunities have been provided to regional staff, physicians, managers etc.

An Information Technology Data Centre was created to provide a safe and secure environment for security and integrity of electronic data for KTHR.

Major progress has been made toward regionalization of clinical systems such as Procura (Home Care client/staff information system), Health Records, ADT (Admission, Discharge, Transfer information), and Lab systems. These regional clinical systems will be completed in the 2005-06 fiscal year.

In 2004-05 the region began implementation of a region-wide materials management program to provide consistency and efficiencies in the procurement and delivery of goods and services for the region.

Melfort Hospital continues to be the pilot site of the "Nursing In Systems Saskatchewan" (NISS) electronic charting system.

Over the past year Nipawin continued to be the busiest clinic site for the Early Childhood Team (ECP/SLP) with 47% of new referrals coming from that area. Over the year 58% of the team's referrals were for children under the age of 3 years. In comparison, only 40% of children referred five years ago were in this age range. The fact that children are being identified and referred earlier is very positive as it provides a better chance for effectively addressing identified delays.

Co-location of Mental Health and Addiction Services was completed in Melfort. Co-location allows for greater service integration and enhancement of client services by allowing a greater degree of consultation for clients who have concurrent disorders.

The transition of the Family Support and Rehabilitation Program funding from Prince Albert Parkland RHA to Kelsey Trail was completed. This program provides a means for Mental Health/Addiction service staff to provide high needs clients with additional community support by means of a one-on-one worker. The role of the worker is to provide recreational and social opportunities that a client may not otherwise access. Currently 15 personal service contracts are in place.

A Women's Empowerment Group program in Melfort provides support for women affected by their own substance use, someone else's substance use or mental health issues. The program focus is on support and empowerment.

A Depression Support Group in Tisdale is addressing many needs for consumers who have been diagnosed with depressive illness. The group meets weekly and focuses on mutual support and developing behaviours that address some of the many issues that people with depression experience.

The region is involved with the Northern Antibiotic Resistance Partnership involving the Public Health Agency of Canada, Health Canada, and the Mamawetan Churchill River and Keewatin Yatthé Health Regions in a five-year, multi-arm study, funded by a CIHR grant to study community acquired Methicillin Resistant *Staphylococcus Aureus* (MRSA) in the Nipawin, Shoal Lake, Red Earth and Cumberland House areas. The study will enhance the health of communities in Northern Saskatchewan by facilitating increased access to diagnostic services and by providing a greater understanding of antibiotic resistance issues. It will result in the development and implementation of education programs for community health workers and public who have impact on the use of antimicrobial agents and promote general healthy behaviours in these areas.

Among the region's major accomplishments is its active participation as a partner in the Northern Health Strategy Working Group and during the past year, the Shared Paths Project that was undertaken by the group as a result of funding from the Federal Primary Health Care Transition Fund (Aboriginal envelope). Through the establishment of Technical Advisory Committees focused on the areas of Mental Health & Addiction, Early Childhood Development, Dental Health and Chronic Disease Management, as well as Human Resources, Communication, IT etc. the project has provided for increased opportunities and additional resources for staff of various agencies and partners to learn about each other and to determine future opportunities to work in collaboration.

The region has been working on pandemic preparedness since as early as September 2001. A regional pandemic planning committee headed by the CEO was established. The committee's goal is to be able to respond to pandemic influenza or any other major communicable disease should it occur within the region. The group has developed a contingency plan outlining actions to be taken in the event of a pandemic. The plan is congruent with the provincial pandemic preparedness plan. A command centre plan has been established and emergency communication lines have been installed. The region has stockpiled some identified supplies and has developed and distributed a question and answer sheet for staff. A variety of articles have been provided to the media to assist in community awareness. The region has established Local Control Committees (LCC) in a number of communities. The LCC is comprised of health staff from facilities, public health, local EMO coordinators and municipal representatives. The object of the LCC is to have an emergency

response plan at local levels. There has also been a focus on coordination with federal Aboriginal agencies and bands to collaborate in pandemic planning.

A regional Home Care client satisfaction survey was completed. The survey included input from clients, other departments and physicians. Overall results were favorable and provide a baseline for valuable indicator information in areas such as perceived improvement in health status.

Home Care wellness clinics have been standardized and needs prioritized throughout the region. Implementation of a new Foot Assessment Clinic for individuals with diabetes was undertaken. The purpose of the foot screening clinic is to identify circulation impairment. 28% of clients had compromised circulation in their lower legs and 61.5% had elevated HbA1C. The goal of the clinic is to prevent lower leg ulcers, lower limb amputations and to maintain quality of life.

A Quick Response program developed for clients in the Nipawin Home Care area has improved access to quality health care services. The program has been in operation for a period of time.

The Population Health Promotion Accessible Nutritious Foods Committee/Food for all Coalition has developed a work plan that includes working on sharing the food charter and revitalization of the Food for all Coalition as well as supporting the regional food policy in addition to the baby friendly initiatives supporting breastfeeding.

In May 2004, the regional Medical Health Officer developed a quarterly newsletter entitled, *Public Health News* for physicians of the region. The main objective of the newsletter is to keep the medical community informed in regard to regional, provincial, national and international public health issues. This newsletter is now distributed to all staff as well. Information covered included topics such as pandemic planning, avian influenza, West Nile Virus, immunization updates, communicable disease policies, etc.

Progress has been made in the goals of the region's Population Health Promotion plan. In the area of substance use and abuse, the PARTY (Prevent Alcohol and Risk-related Trauma in Youth) program was undertaken by the Primary Health Care team in the community of Naicam. The program will be accessed by all stakeholders in the region in the upcoming year.

Thirteen active *"In Motion"* communities are in place in the region. Health Promotion staff and primary health care team members are active participants in groups planning *In Motion* in Tisdale, Melfort, Naicam, Hudson Bay, Porcupine Plain, Carrot River, Arborfield and Nipawin. Kelvington has had an initial meeting related to *In Motion*.

One of the highlights of the dental health program for 2004 was the completion of the province-wide school-based dental screening involving students in kindergarten and grade one. The screening occurs every five years. 98% of eligible students in the region participated, providing valuable data on the dental health status of children in the region and in the province as a whole. The information will be used in the future to ensure the delivery of continued evidence-based programming.

In regard to Primary Health Care Teams, the 2002-03 interim report for the Arborfield, Carrot River and Zenon Park Primary Health site was released in October 2004. The report indicated the satisfaction of residents from the area with the health services received from the primary health care team.

PROGRESS AND RESULTS

Organizational Effectiveness:

Governance & Management:

The RHA has developed and implemented an annual multi-year operating plan (including financial, human resource, capital, information management and primary health care service components) that supports the goals and objectives in the health system strategic plan and in accordance with Saskatchewan Health's requirements and timeframes.

The region has sought the confidence and support of the public and stakeholders for the operating plan. The region continues to provide programs and services in compliance with legislation, directives, program guidelines and contractual obligations.

The RHA has incorporated the results of a variety of needs assessment activities in the design and delivery of programs and services and the region has evaluated the effectiveness of programs and services, and implemented changes as appropriate.

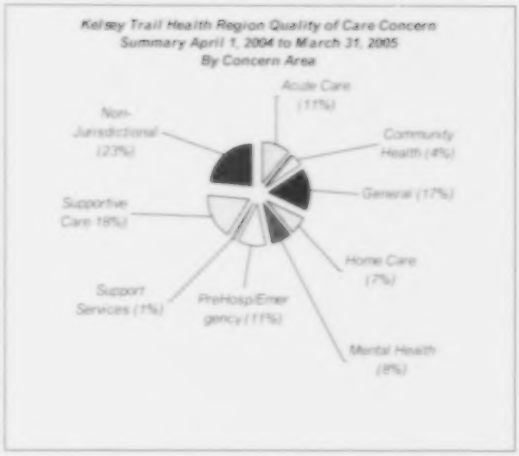
The region consulted with the Department prior to undertaking major change in programs/services (for example: facility closures and other major increases or reductions in service).

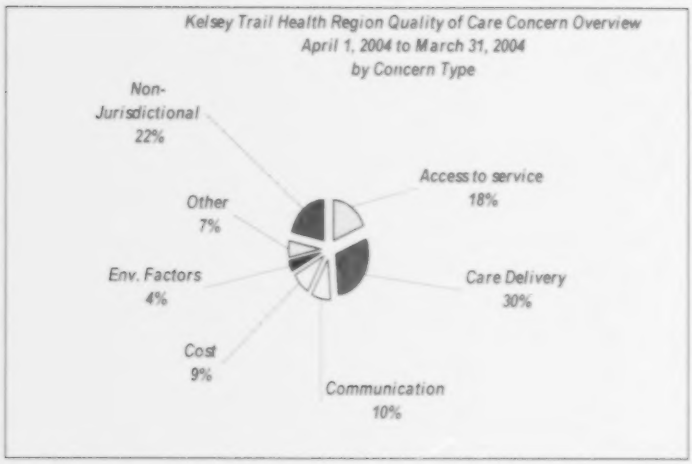
In addition, the region has established a collaborative framework to ensure community involvement in determining health needs, planning and evaluation. Kelsey Trail Health Region is an active participant in intersectoral initiatives such as the Regional Intersectoral Committee (RIC), *Kids First* and SchoolPLUS, Acquired Brain Injury program and services required under the Federal *Youth Criminal Justice Act*. The region has also monitored and reported on the performance and financial status of health care organizations and contract providers who receive funding through the region, and has refrained from entering into agreements that are inconsistent with terms of Saskatchewan Health contracts.

Quality:

Concern Handling:

Over the past year the Kelsey Trail Health Region has modified its concern handling process to ensure a single point of entry for the public. Concerns are handled by access through a single Quality of Care Coordinator. The fact that voicing of client concerns has increased by approximately 48% over the past year is viewed as an indication that focused attempts to increase the visibility of the program and information to the public with the aim of enhancing accessibility has been successful. 104 client contacts were made over the past year in regard to a total of 90 concerns. 96.67% of concerns were resolved in an average turnaround time of 5.1 days. Resolution time of less than 30 days is considered to be acceptable. Outcome for concerns handled in the period is that 100% of all concerns received during the year had been completed or required no further action at March 31st. Approximately 89% of clients expressed satisfaction with the outcome of their contact with the Quality of Care process. The following charts indicate the concern areas and the types of concerns reported.





In compliance with *Provincial Critical Incident Reporting Legislation* the region has critical incident reporting policies in place. Two critical incidents were reported and the required root cause analysis processes completed within the required time lines. Resulting recommendations were reported to the Provincial Quality of Care Coordinator and were acted on within the health region.

Through the Regional Quality of Care Coordinator, the region maintains regular and ongoing contact with the Provincial Quality of Care Coordinators as well as with other regional Quality of Care Coordinators.

Accreditation:

Every three years, as part of the accreditation process, health services organization take part in self-assessments followed by a survey visit. The survey includes a review of documentation, team interviews, facility tours and focus group meetings with a variety of stakeholder. The process allows the organization and the Canadian Council on Health Services Accreditation (CCHSA) to evaluate the quality of an organization's services by comparing them to nationally accepted standards. In late January 2005, the Kelsey Trail Health Region participated in the region's first regional accreditation survey. As a result of a valuable and successful survey process, the region was granted accreditation with report in March 2006.

Accreditation is part of the region's comprehensive Quality Improvement Program (see diagram indicating the variety of facets of the QI program). A formal process has been developed and defined whereby eight regional Quality Improvement Teams (Environment, Acute Care, Community Services, Leadership & Partnership, Home Care, Long Term Care, Human Resources and Information Management) report indicators and progress quarterly to a QI Team Leader committee, and through that group, via the Executive Director of Corporate Planning to the CEO and to the RHA board. The process allows teams to also receive feedback and direction back from the board and Leadership & Partnership team.

In order to provide regular and ongoing information regarding the region's Quality Improvement Program, including accreditation process, to all staff, a quarterly publication entitled, *The FOCUS*,

has been developed. The publication features various teams and performance indications as well as providing other information about quality improvement and risk management regionally.

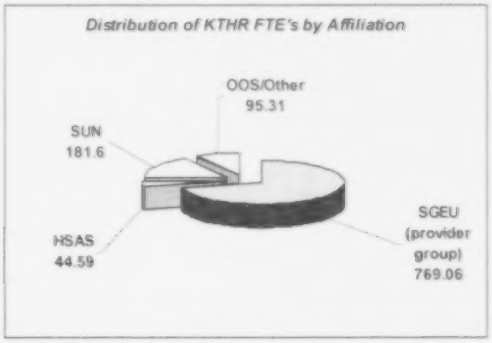
As a result of the region's participation in the Institution for Safe Medication Practices self-assessment tool in 2003-04 a number quality improvement initiatives were undertaken during 04-05.

The region is an active and enthusiastic participant in Health Quality Council improvement initiatives. A position entitled, Director, Quality Improvement Initiatives, has been implemented in the region in order to ensure consistent and continuous quality improvement.

Regional Risk Management policy development continues. The development of a regional risk management program is a priority.

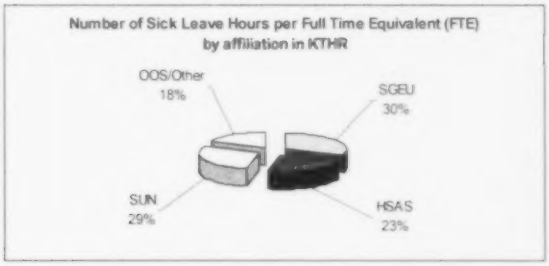
Human Resources:

The region currently has approximately 1,600 employees. There are 1090.56 full-time equivalents in the region, distributed within the following affiliations.



The region has committed to creating a Quality Health Workplace that will move the region toward becoming an "employer of choice" and also addressing the region's goal regarding recruitment and retention. The original Regional OH&S Advisory Committee has broadened its scope from workplace safety to an overall workplace wellness focus. The committee has been renamed the Quality Health Workplace Committee and is comprised of 14 frontline employees who are excited about exploring ideas to improve the workplace.

In 2004-05, under the Health Quality Council's QI Initiative opportunities, the region's employees were encouraged to participate in a "Great Ideas" campaign. This ongoing initiative provides and opportunity for the region's employees to submit their ideas for improving efficiency and/or effectiveness of the organization. Over 20 submissions were received and reviewed by a committee that includes the CEO, following the first round of the initiative. Awards are provided through the initiative. An award-winning initiative suggested by an employee was in regard to the region's internal process for notifying candidates. This "great idea" resulted in a significant time saving and reduction of supplies.

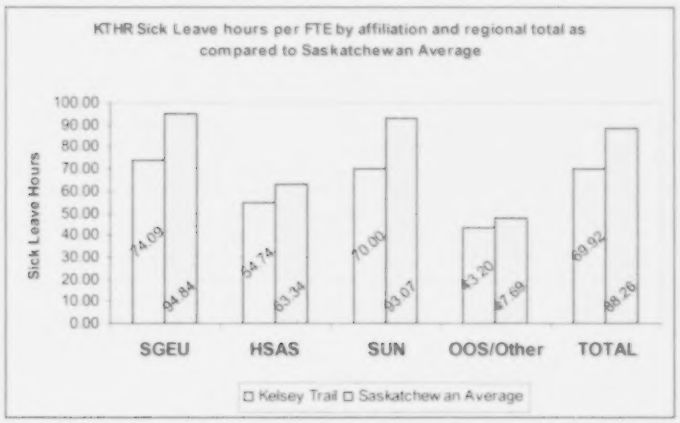


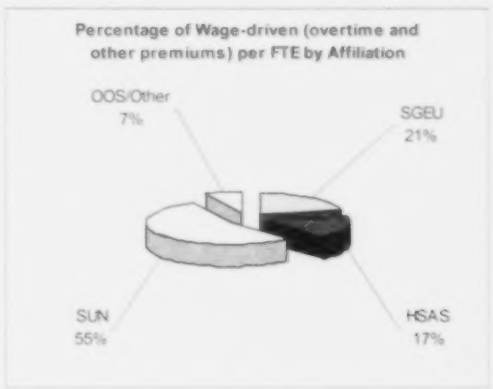
Over the year considerable attention was given to reducing the cost of sick time and overtime. A regional awareness campaign, again supported by funding from the Health Quality Council's QI Initiative funding, provided monthly statistics that were posted in all worksites throughout the region. The result of this initiative was a 7% reduction in sick leave hours in the region plus a 13% reduction in overtime hours.

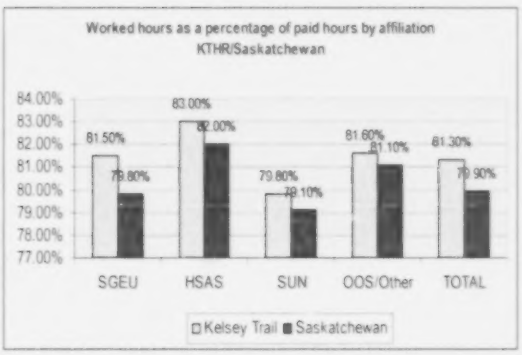
Kelsey Trail Health Region had 7.34 claims per 100 full time equivalents in 2004-05. 387.97 lost-time WCB days/100 FTE's during the same period. As the region moves into its next fiscal year,

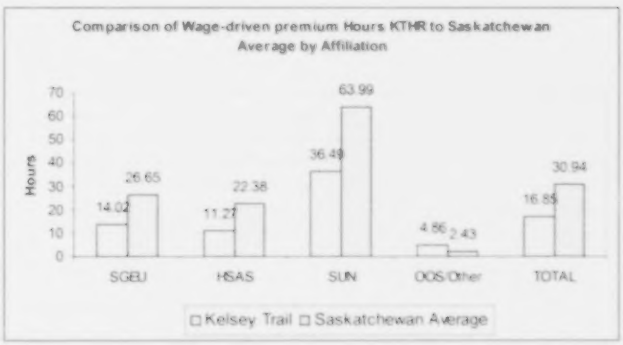
stream 1 funding from Saskatchewan Health will support an initiative allowing KTHR to focus attention on workplace safety and proactive initiatives that are anticipated to reduce the number of accidents in the workplace.

A variety of information regarding the region's sick leave hours per FTE (full-time equivalents) by affiliation, wage-driven premium hours per FTE is depicted in the following charts.









Financial:

The region continues to prepare its operation and financial plans according to the information that is made available from Saskatchewan Health. Although budgeting preparations allow for the speculated implementation of operational changes into a multi-year plan, a complete financial plan cannot be completed due to the unavailability of funding parameters.

Financial planning is approached in a manner that aims to achieve a balanced budget on an annual basis. The region's operational and financial plans are forwarded to Saskatchewan Health for review and approval. All proposed transfers of funding between established pools are discussed with Saskatchewan Health prior to the actual movement of funds.

Information Management:

Building on an established foundation, the region has built a data centre to ensure quality and security of health information. In addition, major progress has been made toward regionalization of

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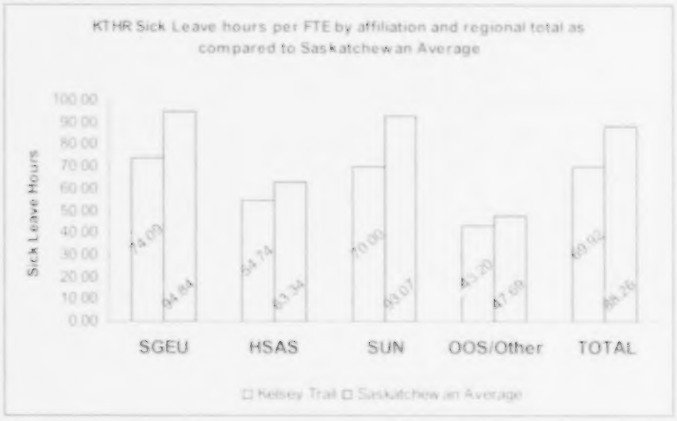
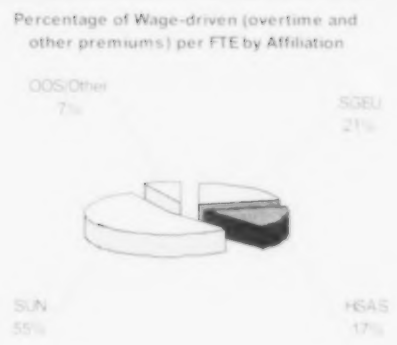
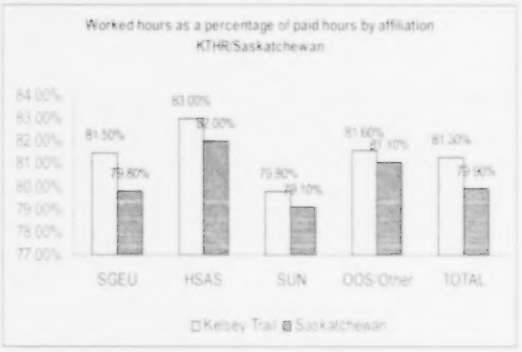
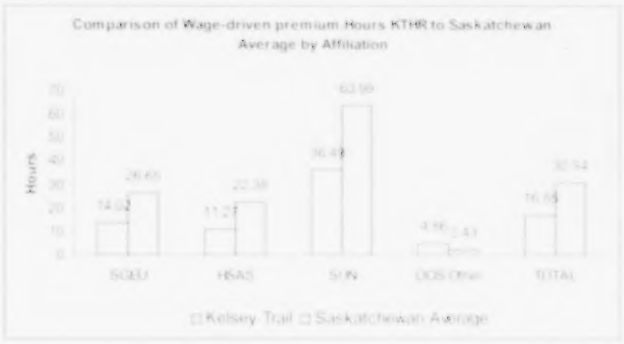








Financial:

The region continues to prepare its operation and financial plans according to the information that is made available from Saskatchewan Health. Although budgeting preparations allow for the speculated implementation of operational changes into a multi-year plan, a complete financial plan cannot be completed due to the unavailability of funding parameters.

Financial planning is approached in a manner that aims to achieve a balanced budget on an annual basis. The region's operational and financial plans are forwarded to Saskatchewan Health for review and approval. All proposed transfers of funding between established pools are discussed with Saskatchewan Health prior to the actual movement of funds.

Information Management:

Building on an established foundation, the region has built a data centre to ensure quality and security of health information. In addition, major progress has been made toward regionalization of

clinical systems to allow for information to be captured and shared consistently and efficiently, thereby improving the ability to coordinate the delivery of services and provision of information for informed decision-making at all levels of the organization.

In conjunction with the Health Information Solutions Centre (HISC) and the provincial Chief Information Officer forum the region has developed a strategic Information Technology plan that aligns regional priorities with provincial objectives this approach ensure participation in the implementation of any provincially sponsored information solutions.

Participation at the Provincial Privacy Task group has provided a mechanism for becoming compliant with the *Health Information Protection Act* legislation. In addition, the region has developed an information management plan to guide the collection, use, protection and dissemination of information within and outside the organization.

Communication and Issues Management:

The Kelsey Trail Regional Health Authority has developed a communication plan that effectively coordinates communication approaches that build public support and awareness for the regional delivery of health care services. The communication plan includes collaboration with the Minister of Health, Saskatchewan Health and other Regional Health Authorities. Chairs of the health authorities meet regularly with the Minister of Health and staff; CEO's meet with the Deputy Minister and staff, and senior managers participate in regular provincial forums such as: Provincial Joint Communications, Acute & Emergency Services, Long Term and Community Services, Human Resources and Financial services.

The region has ensured local issues are appropriately addressed by the RHA and works with Saskatchewan Health to appropriately address provincial issues. Local issues are addressed through a regional quality improvement process as well as accommodating concerned individuals or public through mediums such as authority meetings or meetings with staff.

The region has been successful in establishing a strong connection with local media and manages media relations effectively. A number of regular communication mediums have been developed and/or enhanced to ensure distribution of information to staff and public. Examples include:

- Development of a regional newsletter entitled the *Kelsey Trail News*
- Development of a regional Quality Improvement bulleting entitled, *The Regional FOCUS, Quality of Care.*
- Development of an intranet site accessible to all staff. The site includes regional information, access to policies and forms, staff appreciation events and acknowledgements, regional improvement initiatives, access to regional newsletters and communications, etc.
- A regional public website has been established and continues to be under development (www.kelseytrailhealth.ca)
- Regular public information such as a host of Health Matters Fact Sheets targeting relevant topics such as: West Nile Virus, Hand-washing, Lice Information, Animal Bites, Pandemic, Influenza immunization information, etc.

Capital:

The Regional Health Authority manages capital equipment assets through the following methods/practices:

- inventory controls;
- provision of regular and preventative maintenance by maintenance staff and/or contracted bio-medical staff for medical equipment;
- annual review of capital equipment needs to ensure replacement as required on a timely basis, and to ensure adequate facilities and equipment to provide services.

Reporting:

The Regional Health Authority provides reporting to the public, the Minister of Health and Saskatchewan Health through the following methods:

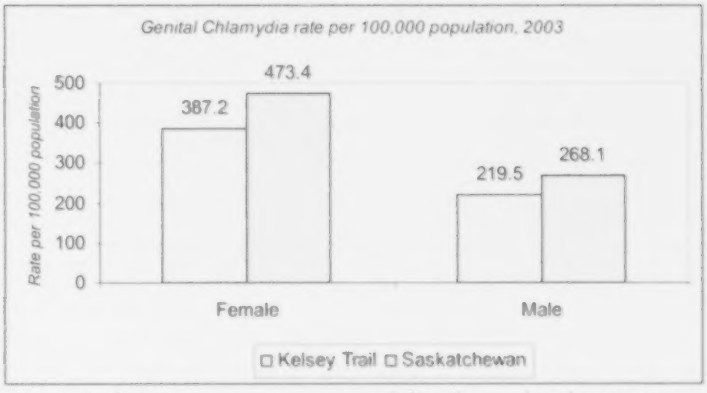
- Annual report including financial information and population health status information;
- Regular reports of monthly board meetings

The RHA works with Saskatchewan Health to develop operational, financial and health service plans and provides statistical reports on an annual basis and through the establishment and implementation of a standardized regional utilization gathering process is working diligently toward ensuring the provision of this information to the authority in a consistent and timely manner.

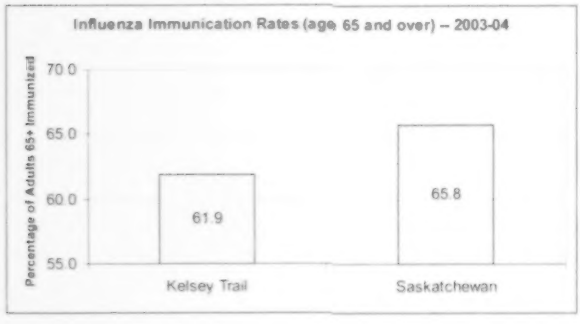
Program Specific Expectations:

Population Health Indicators:

It is mandatory to report communicable, sexually transmitted diseases such as Chlamydia. Case rates are a proxy for high risk, unprotected sexual activity. The information may be loosely associated with the effectiveness of public health messaging on disease prevention and harm reduction. Chlamydia is a reportable communicable disease. Therefore, case information is accessible from both health providers and laboratory. A total of 132 cases were reported for the region in 2003.



Influenza Immunization for Older Adults:

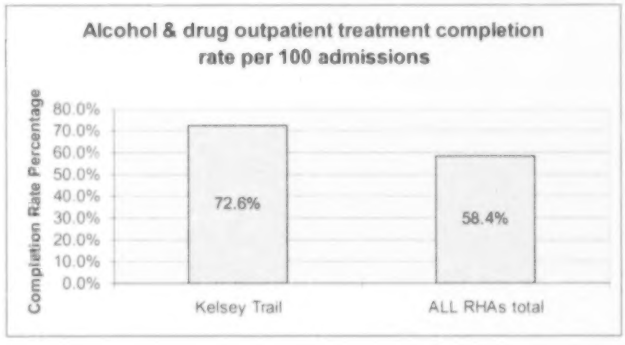


Influenza vaccine is provided free of charge to some groups as they are considered at higher risk for influenza complications. People age 65 and over are the first risk group to receive free vaccine. 61.9% of people age 65 and over have been provided influenza immunization in Kelsey Trail Health Region during 2003-04. It has been observed that increasingly more individuals over age 65 are getting vaccinated for influenza as compared to previous years.

Alcohol & Drug Outpatient Completion Rate:

In the period April 1, 2003 to March 31, 2004, a total of 474 outpatient cases were handled in the region. The completion rate per 100 admissions, for the region was 72.6%.

The region does not have an inpatient treatment program.



Public Health Act Regulated Facilities:

The *Tobacco Control Amendment Act, 2004* prohibiting smoking in all public places, came into effect January 2005. Tobacco follow up resulted in a recorded 110 related consultations and 665 field visits for tobacco education and compliance audits. Of the 665 visits, 80 were conducted early in 2005 by a contracted educator who visited regional facilities that were newly impacted by this legislation change (primarily beverage rooms and liquor lounges) and provided information regarding regulations and signage requirements. Follow up to identified non-compliance was conducted. Enforcement of the legislation by way of ticketing was scheduled for early in the new fiscal year.

Kelsey Trail Health Region lists 987 regulated facilities. In addition to formal inspections, 1382 field visits were conducted to ascertain standards compliance and to ensure no health hazards existed. As well, 1806 related consultations and 26 plan reviews/approvals were provided.

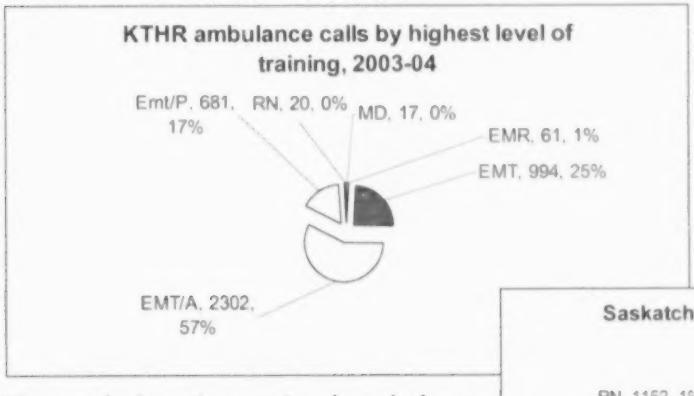
The safety of drinking water remains a high priority. The region provided 502 consultations on sampling analysis, interpretation and treatment options for both public and private drinking water supplies. 89 field visits were conducted to either sample or provide advice on water quality and safety in addition to 145 formal inspections that included sampling of 131 listed public water supplies regulated and monitored by the region. The region also monitors 33 bottled-water operations or refill stations for which 61 samples were submitted in 2004-05. Eight (8) emergency

Boil Water Orders were issued on both public and municipal water supplies in the region over the past year. 139 food handlers and 14 pool operators were certified in the region through courses conducted across the region, thereby assisting in meeting the region's regulated expectations.

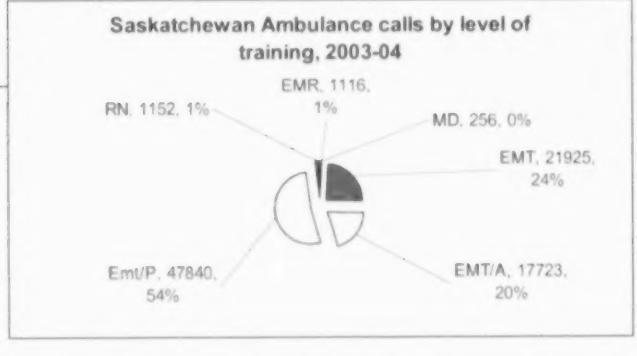
The region would like to draw attention to a possible health issue as routine sampling of public water supplies has been severely reduced since laboratory fees were imposed in July. The total samples collected by both the region's program and public water operators totaled 478, down 21.2% (129 samples) from the previous year. Similarly, public swimming pools sampled 183 times this year is down 28.5% (73 samples).

Acute & Emergency Services Indicators:

Emergency Response Services:



Ambulance services within Kelsey Trail Health Region responded 98.5% of the time with at least one of medical service providers having Basic Emergency Medical Technician level training. This is minimally lower than the provincial average of 98.76%.



Three of the nine regional ambulance services provide Paramedic level care while the remaining six offer EMT and EMT/Advanced personnel on most calls. The region has a total of 21 ambulance vehicles available to respond to emergencies within the region.

There has been initiation of a coordinated wide area dispatch system with 911 telephone access to professional Emergency Medical dispatchers delivering pre-arrival instructions to callers. The region has also initiated single point access number to EMS for non-emergency calls and transfers.

The region has initiated two new first responder groups in Carrot River and Smeaton and has trained 17 new First Responders in the region over the past year.

An enhanced page-out system for the first responder network has been implemented. This service provides a failsafe communication of emergencies to groups to enable them to respond in a timely fashion.

Institutional Supportive Care Services:

26.3% of institutional supportive care residents in Kelsey Trail Health Region have some degree of pressure sore. This is higher than the provincial comparison of 21.8%

Parkland Place located in Melfort is one of seven pilot sites chosen to participate in the Health Quality Council's Skin and Wound Care pilot project. The project provided the pilot sites with a user-friendly, evidence-based guideline to help providers to prevent, assess, and manage pressure ulcers. Upon completion of a final report and guidelines will be available and implemented region-wide.

Other information:

- KTHR visiting specialist clinics provided accessible services to clients by seeing 6,206 clients in 2004-05
- Nipawin and Melfort hospitals are participating in the Provincial Surgical Register as directed in the Surgical Registry Regulations which came into effect March 2005.
- Since Tisdale became a Satellite Unit in 1998, there have been 42 clients who have been dialyzed at the regional Dialysis Unit. The 3-station unit operates six days per week and serves 12 clients.

CHALLENGES AND FUTURE DIRECTIONS

The region has identified a number of challenges and initiatives for future direction. Achieving the Region's first regional accreditation in 2005 is seen as both a goal and somewhat of a challenge due to the vast geographic nature of the region and the somewhat limited human resources.

The region has identified a need to continue to improve in the area of communications and has developed a comprehensive communication plan that will provide more comprehensive information to the region's staff, physicians and the public. The plan will also include mechanisms that will allow the region to measure to determine whether its strategies and activities are successful.

In the area of medical leadership, the region has been in discussion with representatives of the regional medical staff in regard to selection of a medical manager/chief of medical staff. It is anticipated that this will be accomplished early in the 2005-06 fiscal year. This will allow physicians more opportunity to participate in regional planning and activities and will also assist in the area of quality of care concerns and critical incident management.

Over the past three years the region has continued to struggle with identification of efficiencies to ensure the best use of its resources. For the second consecutive year the region has experienced a deficit of over $1M. This has depleted the region's working capital to negative $875,000. This reduces the region's ability to provide services. The region continues to work with Saskatchewan Health to find solutions to turn this around. In discussion with Saskatchewan Health a decision has been made to conduct an external analysis of the region's operations in an effort to optimize resources. Accomplishing the changes identified may provide some challenges.

The establishment of a regional ethics committee was identified as a need during the region's recent accreditation survey. A defined ethics advisory committee has actively met over the past several months in an effort to define the process for health care providers to utilize in dealing with complex issues that arising in the provision of services. The process that is now near completion is meant to provide assistance and support to other processes already in place. It is anticipated that the formal policy will be implemented early in 2005-06 and will include consultation and education.

The region continues to provide long term institutional supportive services in the 479 regular and respite beds across the region. Recruitment of qualified health care workers remains a challenge. The region strives to provide an acceptable staff mix that supports quality care.

Other challenges and future direction issues include:

- Development of more primary health teams
- Recruitment and retention of family physicians, General Practitioner anesthetists and regional Pathologist
- Recruitment of Registered Nurses, full scope Licensed Practical Nurses (LPN)
- Establishment of policies that support full scope of practice of LPNs in Long Term Care (LTC)
- Work toward regional standard staffing levels
- Implementation of Laboratory Information Systems in all acute care sites
- Continued work on Regional Acute and LTC policies

Capital Projects:

Discussions in regard to an integrated health care facility (Village of Cumberland House and Cumberland House Cree Nation) ceased early in 2005 when parties reach an impasse. As a result, functional planning in regard to a health centre located in the Village was undertaken and continues.

There continues to be an extremely high need for renovations to the Nipawin Hospital facility to increase efficiency, ensure a safe working environment and to address confidentiality issues for outpatient and acute care and to provide adequate and effective work space for all community services.

The region has been working diligently to maximize service efficiency and effectiveness through suitable space utilization (i.e. co-locating departments such as Melfort Mental Health and Addiction services and Tisdale Home Care). The region is exploring opportunities for the future such as effective utilization of the currently vacant 1st Floor of Melfort Hospital.

PERFORMANCE MANAGEMENT SUMMARY
KELSEY TRAIL HEALTH REGION

Indicator		KELSEY TRAIL REGIONAL HEALTH AUTHORITY	Provincial Comparison	Range
Organizational Effectiveness Indicators				
2.1.1.1.	CCHSA current accreditation status for RHAs	Accreditation with report.	n/a	n/a
2.1.1.2.	Number of client contacts with the Regional Quality of Care Coordinator to raise a concern *2003-04*	61	n/a	n/a
2.1.1.3.	Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2003-04*	90%	87%	25% - 90%
2.1.1.8.	Number of sick leave hours per full time equivalent (FTE) PROVIDER UNION (SGEU) *2004-05*	74.09	94.84	74.09 – 107.86
	Number of sick leave hours per full time equivalent (FTE) HSAS *2004-05*	54.74	63.34	52.54 – 120.03
	Number of sick leave hours per full time equivalent (FTE) OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	43.20	47.69	38.86 – 56.87
	Number of sick leave hours per full time equivalent (FTE) SUN *2004-05*	70.00	93.07	70.00 – 98.43
2.1.1.9.	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) PROVIDER UNION (SGEU) *2004-05*	14.02	26.65	11.30 – 61.97
	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) HSAS *2004-05*	11.27	22.38	2.89 – 48.65

Indicator		KELSEY TRAIL REGIONAL HEALTH AUTHORITY	Provincial Comparison	Range
	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	4.86	2.43	0.00 – 6.45
	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) SUN *2004-05*	36.49	63.99	19.92 – 314.54
2.1.1.10.	Health system full time equivalents (FTEs) PROVIDER UNION (SGEU) *2004-05*	769.06	n/a	n/a
	Health system full time equivalents (FTEs) HSAS *2004-05*	44.59	n/a	n/a
	Health system full time equivalents (FTEs) OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	95.31	n/a	n/a
	Health system full time equivalents (FTEs) SUN *2004-05*	181.60	n/a	n/a
2.1.1.11.	Number of lost-time WCB claims per 100 full time equivalents (FTEs) *2004-05*	7.34	6.52	4.32 – 9.67
2.1.1.12.	Number of lost-time WCB days per 100 full time equivalents (FTEs) *2004-05*	387.97	345.86	152.43 – 492.92
2.1.1.17.	Worked hours as a percentage of paid hours SGEU *2004-05*	81.5%	79.8%	78.5% - 81.5%
	Worked hours as a percentage of paid hours HSAS *2004-05*	83.0%	82.0%	79.7% - 83.5%
	Worked hours as a percentage of paid hours OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	81.6%	81.1%	69.5% - 83.7%
	Worked hours as a percentage of paid hours SUN *2004-05*	79.8%	79.1%	77.3% - 85.4%

Indicator		KELSEY TRAIL REGIONAL HEALTH AUTHORITY	Provincial Comparison	Range
2.1.1.18.a	Working capital ratio *2004-05*	1.41	n/a	.45 – 1.84
2.1.1.18.b	Number of days able to operate with working capital *2004-05*	(7.22)	n/a	(68.06) – 28.83
2.1.1.19.	Surplus/deficit as a percentage of actual expenditure *2004-05*	(1.5%)	n/a	(1.5%) – 1.4%
2.1.1.21.	Budget versus actual expenditures ACUTE CARE funding pool *2004-05*	($384,986)	n/a	n/a
	Budget versus actual expenditures SUPPORTIVE CARE funding pool *2004-05*	($610,569)	n/a	n/a
	Budget versus actual expenditures COMMUNITY BASED CARE funding pool *2004-05*	($4,030)	n/a	n/a
	Budget versus actual expenditures PROGRAM SUPPORT funding pool *2004-05*	$53,529	n/a	n/a
2.2.1.2.	Number of exams for specialized medical imaging services: magnetic resonance imaging (MRI) scans *2004-05*	Not applicable	n/a	n/a
2.2.1.3.	Number of exams for specialized medical imaging services: computed tomography (CT) scans *2004-05*	Not applicable	n/a	n/a
2.2.1.4.	Average wait time in days for admission to Saskatchewan Hospital North Battleford (SHNB) *2004*	Not applicable	59 days	41 – 76 days
2.2.1.6.	Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre Child and Youth *2003-04*	Not Applicable	61.6%	44.4% - 91.7%
	Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre Adults *2003-04*	Not applicable	70.3%	50.0% - 95.5%
Acute Care Services				
2.2.2.3.a	Number of surgical cases *2004-05*	n/a	n/a	n/a
2.2.2.3.b	Percentage of surgical cases performed as day surgery *2004-05*	n/a	53%	48% - 66%

Indicator		KELSEY TRAIL REGIONAL HEALTH AUTHORITY	Provincial Comparison	Range
2.2.2.4.	Percentage of surgical cases completed within 6 months *2004-05*	n/a	81%	74% - 100%
	Percentage of surgical cases completed within 12 months *2004-05*	n/a	91%	85% - 100%
	Percentage of surgical cases completed within 18 months *2004-05*	n/a	95%	93% - 100%
	Institutional Supportive Care Services			
2.2.4.5.	Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores *October 2004*	26.3%	21.8%	12.7% - 29.1%
	Population Health Services			
2.2.6.1.	Percentage of eligible population receiving immunization at second birthday (vaccine coverage rate) DIPHTHERIA *2004** *NOTE: SIMS does not capture on-reserve immunizations	74.6%	73.3%	57.3% - 86.3%
	Percentage of eligible population receiving immunization at second birthday (vaccine coverage rate) MEASLES *2004** *NOTE: SIMS does not capture on-reserve immunizations	72.8%	71.7%	57.3% - 85.6%
2.2.6.6.	Genital chlamydia rate per 100,000 population MALES *2003*	219.5	268.1	27.4 – 3,259.0
	Genital chlamydia rate per 100,000 population FEMALES *2003*	387.2	473.4	53.8 – 5,784.4
2.2.6.7.	Influenza immunization rate per 100 population (age 65 years and over) *2003-04*	61.9%	65.8	56.8 – 72.8
2.2.6.8.	Population health promotion plan approved by RHA boards and submitted as part of health region operational plans (fall 2004) and progress report March 31, 2005 *[yes/no indicator]*	YES	n/a	n/a

Indicator		KELSEY TRAIL REGIONAL HEALTH AUTHORITY	Provincial Comparison	Range
Community Care Services				
2.2.7.2.	Alcohol and drug outpatient treatment completion rate per 100 admissions *2003-04*	72.6%	58.4%	43.7 – 72.6
Primary Health Services				
2.2.9.1.	Percentage of the population served by primary health care teams *March 2005*	18.62%	23.89%	0.00% – 100.00%
2.2.9.3.	Total number of new primary health care teams in the current fiscal year *2004/2005*	0	n/a	n/a
2.2.9.4.	Regional Operational / Budget Plan includes an updated Primary Health Care Plan that identifies the location of primary health care teams *2004-05 [yes/no indicator]*	Yes	n/a	n/a
2.2.9.5.	Regional Operational / Budget Plan includes an updated Diabetes Management Plan *2004-05 [yes/no indicator]*	Yes	n/a	n/a
2.2.9.6.	Regional Operational / Budget Plan outlines potential financial requirements *2004-05 [yes/no indicator]*	Yes	n/a	n/a
2.2.9.7.	Regional Health Authorities participated in 3-year and 5-year evaluations of demonstration sites, as required *2004-05 [yes/no indicator]*	Yes	n/a	n/a
Emergency Response Services				
2.2.10.1.	Percentage of ambulance calls responded to where at least one of the emergency medical service providers has at least basic-EMT level training *2003-04*	98.50%	98.76%	70.17% – 100.00%
Mental Health and Addiction Services				
2.2.11.2.	Mental health inpatient readmission rate per 100 mental health inpatient separations *2003-04*	Not applicable	20.2%	17.9% - 26.3%

Indicator		KELSEY TRAIL REGIONAL HEALTH AUTHORITY	Provincial Comparison	Range
2.2.11.3.	Alcohol and drug inpatient treatment completion rate per 100 admissions *2003-04*	Not applicable	n/a	n/a
Program Support Services				
2.2.13.1.	Administrative expenditures in program support funding pool as a percentage of overall base operating funds *2004-05*	4.9%	n/a	3.5% - 11.5%
Health Status and Outcome Indicators				
3.1.1.1.	Infant mortality rate per 1,000 live births *1998-2002*	6.02	6.24	1.70 – 15.66
3.1.1.2.a	Low birth weight rate per 100 live births *1998-2002*	4.65	5.26	4.34 – 6.19
3.1.1.2.b	High birth weight rate per 100 live births *1998-2002*	19.3	15.7	13.1 – 26.7
3.1.1.4.a	Disability-free life expectancy (at birth) MALES *1996*	67.6	66.6	61.8 – 69.2
	Disability-free life expectancy (at birth) FEMALES *1996*	71.0	70.0	63.2 – 72.5
3.1.1.4.b	Disability-free life expectancy (at age 65 years) MALES *1996*	12.1	11.2	8.7 – 12.1
	Disability-free life expectancy (at age 65 years) FEMALES *1996*	12.6	12.7	8.4 – 13.2
3.1.1.5.a	Life expectancy (at birth) MALES *2001*	75.6	76.2	72.1 – 78.2
	Life expectancy (at birth) FEMALES *2001*	82.5	81.8	76.1 – 82.8
3.1.1.5.b	Life expectancy (at age 65 years) MALES *2001*	17.2	16.9	15.6 – 18.0
	Life expectancy (at age 65 years) FEMALES *2001*	21.6	20.9	17.2 – 21.8
3.1.1.6.	Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent *2003*	48.2%	59.5%	47.6% – 63.7%

Indicator		KELSEY TRAIL REGIONAL HEALTH AUTHORITY	Provincial Comparison	Range
3.1.1.7.	Percentage of population (age 12 years and over) who are current, daily or occasional smokers MALES *2003*	20.8%	24.6%	20.8% – 40.7%
	Percentage of population (age 12 years and over) who are current, daily or occasional smokers FEMALES *2003*	21.8%	23.1%	11.6% – 42.0%
3.1.1.8.a	Percentage of population (age 18 to 64 years) who are overweight (BMI 25.0-29.9) *2003*	39.3%	35.8%	31.7% – 41.8%
3.1.1.8.b	Percentage of population (age 18 to 64 years) who are obese (BMI 30.0+) *2003*	18.3%	20.5%	16.4% – 27.2%
3.1.1.10.a	Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active *2003*	44.5%	49.8%	41.7% – 56.1%
3.1.1.10.b	Percentage of population (age 12 years and over) who report physical activity participation levels of inactive *2003*	52.3%	47.8%	41.0% – 56.4%
3.1.1.12.	Age-adjusted diabetes prevalence rate per 1,000 population *2001-02*	44.1	n/a	29.5 – 72.5
3.1.1.13.	Injury hospitalization rate per 1,000 population (age 0 to 19 years) MALES *2002-03*	9.5	9.3	6.7 – 17.6
	Injury hospitalization rate per 1,000 population (age 0 to 19 years) FEMALES *2002-03*	8.9	6.5	4.6 – 12.0
3.1.1.14.	Hospitalization rate due to falls per 1,000 population (age 65 years and over) MALES *2002-03*	14.1	13.4	3.6 – 20.2
	Hospitalization rate due to falls per 1,000 population (age 65 years and over) FEMALES *2002-03*	20.9	25.1	0.0 – 35.0

MANAGEMENT REPORT

The accompanying financial statements are the responsibility of management and have been approved in principle by the Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity includes some amounts that are based on estimates and judgments. The financial information presented in the Management's Discussion and Analysis and elsewhere in this report is consistent with that in the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and that financial records are relevant and reliable.

The Authority members carry out their responsibility for the financial statements through *a "committee-of-the-whole"*. The Authority meets with Management to discuss and review financial matters. The appointed auditor has full and open access to the *Authority*.

The appointed auditor conducts and independent audit of the financial statements. His/her examination is conducted in accordance with Canadian Generally Accepted Auditing Standards and includes tests and other procedures, which allow him/her to report on the fairness of the financial statements.

Gordon E. Denton
Chief Executive Officer

Shane Merriman
Chief Financial Officer

Neumann & Neumann
Chartered Accountants

To the Board of Directors
Kelsey Trail Regional Health Authority

AUDITORS' REPORT

We have audited the Statement of Financial Position of the **Kelsey Trail Regional Health Authority as at March 31, 2005** and the Statements of Operations and Changes in Fund Balances and Cash Flows for the year then ended. These financial statements are the responsibility of the Health Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We have conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Kelsey Trail Regional Health Authority as at March 31, 2005 and the results of its operations and the changes in its financial position for the year then ended in accordance with Canadian generally accepted accounting principles.

Chartered Accountants

Nipawin, Saskatchewan
May 18, 2005

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2005

Statement 1

	Restricted Funds				
	Operating Fund	Capital Fund	Community Trust Fund	Total 2005	Total 2004 (Note 10)
ASSETS					
Current assets					
Cash and short-term investments (Statement 3)	$ 4,512,144	$ 2,803,970	$ 2,213,079	$ 9,529,193	$ 6,807,911
Accounts receivable					
Saskatchewan Health - General Revenue Fund	153,161	159,004	-	312,165	1,775,096
Other	1,021,704	31,685	-	1,053,389	1,960,387
Inventory	816,874	-	-	816,874	992,740
Prepaid expenses	349,341	-	-	349,341	435,815
	6,853,224	2,994,659	2,213,079	12,060,962	11,971,749
Investments (Schedule 2)	182,348	521,361	595,897	1,299,606	1,126,075
Other Assets	35,669	-	-	35,669	12,403
Capital assets (Note 3)	-	51,095,832	-	51,095,832	54,204,787
Total Assets	$ 7,071,241	$ 54,611,852	$ 2,808,976	$ 64,492,069	$ 67,315,014
LIABILITIES & FUND BALANCE					
Current liabilities					
Accounts payable	$ 1,650,752	$ 75,415	$	$ 1,726,167	$ 1,314,493
Accrued salaries	1,700,976	-		1,700,976	2,319,036
Vacation payable	4,465,906	-		4,465,906	4,130,765
Mortgages payable - current (Note 5)	-	347,634	-	347,634	301,966
Deferred Revenue (Note 6)	292,484	-	-	292,484	212,462
	8,110,118	423,049	-	8,533,167	8,278,722
Long Term Leases Payable	-	-		-	-
Mortgages payable (Note 5)	-	10,349,053	-	10,349,053	10,708,763
Total Liabilities	8,110,118	10,772,102	-	18,882,220	18,987,485
Fund Balances					
Invested in capital assets	-	40,399,145	-	40,399,145	43,194,058
Externally restricted (Schedule 3)	-	1,744,006	2,808,976	4,552,982	3,287,306
Internally restricted (Schedule 4)	-	1,696,599	-	1,696,599	1,716,307
Unrestricted	(1,038,877)	-	-	(1,038,877)	129,857
Fund balances - (Statement 2)	(1,038,877)	43,839,750	2,808,976	45,609,849	48,327,530
Total Liabilities & Fund Balances	$ 7,071,241	$ 54,611,852	$ 2,808,976	$ 64,492,069	$ 67,315,014

Approved on behalf of the board:

Carol Hayward

(See accompanying notes to the financial statements)

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2005

Statement 2

	Operating Fund			Restricted			
	Budget 2005	2005	2004 (Note 10)	Capital Fund 2005	Community Trust Fund 2005	Total 2005	Total 2004 (Note 10)
REVENUES							
Saskatchewan Health - General Revenue	$ 61,030,219	$ 61,670,835	$ 59,218,397	$ 1,843,953	$ -	$ 1,843,953	$ 4,107,617
Other Provincial Revenue	614,566	261,978	231,850	429,650	-	429,650	423,453
Federal Government Revenue	48,000	31,509	41,400	-	-	-	-
Funding from other Provinces	-	-	-	-	-	-	-
Special Funded Programs	640,337	624,273	628,897	-	-	-	-
Patient Fees	6,817,230	6,966,211	6,476,813	-	-	-	-
Out of Province Revenue (Reciprocal)	279,658	263,658	411,835	-	-	-	-
Out of Country Revenue	7,600	20,764	8,393	-	-	-	-
Donations	30,000	28,285	25,496	367,617	357,344	724,961	1,318,925
Investment Revenue	150,000	118,708	157,743	76,736	75,056	151,793	167,238
Ancillary Revenue	559,461	551,569	600,069	14,600	9,340	23,940	17,928
Recoveries	264,500	313,312	303,648	-	-	-	-
Other Revenue	68,884	75,627	118,113	-	-	-	62,480
	70,510,455	70,926,729	68,222,654	2,732,557	441,740	3,174,297	6,097,641
EXPENSES							
Province Wide Acute Care Services	513,524	571,678	503,365	-	-	-	-
Acute Care Services	24,881,937	25,105,341	23,845,858	2,107,344	900	2,108,243	2,095,715
Physician Compensation - Acute Care Specialists	1,108,189	1,211,617	1,086,198	-	-	-	-
Supportive Care Services	24,787,480	25,458,912	24,227,458	2,357,298	600	2,357,897	2,103,084
Home Based Service - Supportive Care	4,373,505	4,312,642	4,179,629	10,988	-	10,988	11,202
Population Health Services	2,301,283	2,400,772	2,258,420	38,833	-	38,833	30,285
Community Care Services	1,876,182	1,754,168	1,663,360	93,627	-	93,627	6,886
Home Based Services - Acute & Palliative	417,457	401,517	396,030	-	-	-	-
Primary Health Care Services	1,850,596	1,866,561	1,772,763	47,995	-	47,995	138,560
Emergency Response Services - RHA	2,105,635	2,145,734	2,097,849	13,366	-	13,366	3,450
Mental Health Services	821,981	853,884	782,138	-	-	-	428
Addictions Services	497,335	448,472	455,397	-	-	-	245
Physician Compensation - Community Services	1,423,070	1,426,461	1,264,990	-	-	-	-
Program Support Services	3,517,297	3,463,768	4,247,588	116,831	-	116,831	109,554
Special Funded Programs	601,838	577,779	611,436	-	-	-	-
Ancillary	-	-	426	-	31,619	31,619	-
Total Expenses (Schedule 1)	71,077,309	71,999,306	69,392,905	4,786,282	33,119	4,819,400	4,499,409
Excess (Deficiency) of revenues over expenses	$ (566,854)	(1,072,577)	(1,170,251)	(2,053,725)	408,622	(1,645,103)	1,598,232
Fund Balances, beginning of year		129,857	1,385,457	45,768,755	2,428,917	48,197,672	46,514,090
Interfund transfers (Note 14)		(96,157)	(85,349)	124,720	(28,563)	96,157	85,350
Fund balances, end of year		$ (1,038,877)	$ 129,857	$ 43,839,750	$ 2,808,976	$ 46,648,726	$ 48,197,672

(See accompanying notes to the financial statements)

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year Ended March 31, 2005

Statement 3

	Operating Fund		Restricted Fund			
	2005	2004 (Note 10)	Capital Fund	Community Trust Fund	Total 2005	Total 2004 (Note 10)
Cash Provided by (used in):	**Operating Activities**		**Financing and Investing Activities**			
Excess (deficiency) of revenue over expenditure	$ (1,072,577)	$ (1,170,251)	$ (2,053,725)	$ 408,622	$ (1,645,103)	$ 1,598,232
Net change in non-cash working capital (Note 7)	2,326,104	686,955	502,147	(10,671)	491,476	254,335
Amortization of capital assets	-	-	4,105,466	-	4,105,466	3,723,040
Investment income on long-term investments	-	-	-	-	-	-
(Gain)/loss on disposal of capital assets	-	-	-	-	-	(22,480)
	1,253,527	(483,296)	2,553,888	397,951	2,951,839	5,553,127
Purchase of capital assets						
Buildings/construction	-	-	(593,894)	-	(593,894)	(4,634,879)
Equipment	-	-	(402,617)	-	(402,617)	(2,224,913)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
Equipment	-	-	-	-	-	22,480
Purchase of long-term investment	-	-	-	-	-	-
	-	-	(996,511)	-	(996,511)	(6,837,312)
Repayment of debt	-	-	(314,042)	-	(314,042)	(330,766)
Net increase (decrease) in cash & short term investments during the year	1,253,527	(483,296)	1,243,335	397,951	1,641,286	(1,614,951)
Cash & short term investments, beginning of year	3,537,122	4,105,767	1,957,276	2,439,588	4,396,864	5,926,465
Interfund transfers (Note 14)	(96,157)	(85,349)	124,720	(28,563)	96,157	85,350
Cash & short term investments, end of year	$ 4,694,492	$ 3,537,122	$ 3,325,331	$ 2,808,976	$ 6,134,307	$ 4,396,864
Amounts in cash balances						
Cash and short term investments	$ 4,512,144	$ 3,487,122	$ 2,803,970	$ 2,213,079	$ 5,017,049	$ 3,320,789
Investments	182,348	50,000	521,361	595,897	1,117,258	1,076,075
	$ 4,694,492	$ 3,537,122	$ 3,325,331	$ 2,808,976	$ 6,134,307	$ 4,396,864

(See accompanying notes to the financial statements)

1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan.

On coming into force, the Act terminated the membership of the individual District Health Boards. All assets, liabilities, rights, and obligations of the District Health Boards continue as the assets, liabilities, rights, and obligations of the Regional Health Authority. All contracts with the District Health Boards remain in effect until repealed or replaced by the Regional Health Authorities.

The Kelsey Trail Regional Health Authority was created by the Act. The Kelsey Trail Regional Health Authority (RHA) is responsible for the planning, organization, delivery, and evaluation of health services it is to provide (The Act sec 27) within the geographic area known as the Kelsey Trail Health Region.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies.

a) Health Care Organizations

The RHA has agreements with and grants funding to the following CBOs and third parties to provide health services:

Hudson Bay & District Assessment and Resource Service Society Inc.
Pine Island Outpatient Centre
Nipawin Oasis Community Centre Co-operative Ltd.
Canadian Mental Health Association (Saskatchewan) Inc.
Kelvington Ambulance Care Ltd.
Tisdale Ambulance Care Ltd.
Shamrock Ambulance Care Ltd.
North East EMS
Melfort Ambulance Service
Quill Plains Ambulance Care Ltd.

Note 9 b) i) provides disclosure of payments to CBOs and third parties.

b) Fund Raising Foundations

The Nipawin Region Health Foundation Inc. and the North Central Health Care Foundation Inc. are incorporated under The Non-Profit Corporations Act and are registered charities under *The Income Tax Act*.

Under the Foundations' Articles of Incorporation, all funds raised by the Foundation after payments of reasonable expenses must be paid to the RHA (or must be used to purchase and transfer assets to the RHA, for the purpose to provide health care services.)

2. Significant Accounting Policies - continued

These financial statements do not include the financial activities of the two Foundations. Alternatively, Note 9 b) ii) provides supplementary information of the Foundations.

c) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health – General Revenue Fund designated for the construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community-generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in the pre-amalgamation agreements between the RHA and the health corporations.

d) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are deferred and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

2. Significant Accounting Policies - continued

e) Capital assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Land improvements	1 - 20%
Buildings	2.5 - 10%
Equipment	3 – 33.33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

f) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are valued at cost as determined on a weighted average cost basis.

g) Investments

Investments are valued at the lower of cost and net realizable value.

h) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly the RHA expenses all contributions it is required to make in the year.

i) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

3. Capital Assets

	2005			2004
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 639,591	$ -	$ 639,591	569,004
Land Improvements	573,360	567,859	5,501	7,012
Buildings	87,699,959	41,789,342	45,910,617	48,424,781
Equipment	23,967,831	19,491,105	4,476,726	5,152,769
Construction in Progress	63,397	-	63,397	51,220
	$ 112,944,138	$ 61,848,306	$ 51,095,832	$ 54,204,786

4. Commitments

As at March 31, 2005, commitments for acquisition of capital assets were $0 (2004 - $387,235).

5. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms	2005	2004
Hudson Bay Health Care Facility C.M.H.C., due December 1, 2016	5.375%	$10,350 Principal & interest	90,309	95,703
C.M.H.C., due January 1, 2023	7.00%	$2,823 Principal & interest	28,906	29,705
Rose Valley Health Centre C.M.H.C., due October 1, 2021	4.54%	$43,335 Principal & interest Of which $11,063 is subsidized by SHC. Yielding an effective interest rate of 3.38%. Mortgage renewal date – February 1, 2015.	505,713	522,734
Newmarket Manor C.M.H.C., due March 1, 2023	4.54%	$160,042 Principal & interest Of which $41,658 is subsidized by SHC. Yielding an effective interest rate of 3.36%. Mortgage renewal date – February 1, 2015.	1,971,709	2,029,630
Sasko Park Lodge C.M.H.C., due January 1, 2023	7.50%	$10,607 Principal & interest	104,979	107,721
Kelvindell Lodge C.M.H.C., due October 1, 2020	5.140%	$37,003 Principal & interest Of which $11,621 is subsidized by SHC. Yielding an effective interest rate of 3.53%. Mortgage renewal date – December 1, 2013.	397,530	413,903
C.M.H.C., due January 1, 2027	8.00%	$41,485 Principal & interest	432,059	439,253
Red Deer Nursing Home C.M.H.C., due June 1, 2022	7.25%	$16,938 Principal & interest	167,716	172,488
C.M.H.C., due February 1, 2027	5.05%	$60,364 Principal & interest Of which $48,000 is subsidized by SHC. Yielding an effective interest rate of 1.03%. Mortgage renewal date – March 1, 2007.	803,084	822,858
Pasquia Special Care Home C.M.H.C., due August 1, 2025	8.00%	$25,763 Principal & interest	261,369	266,348
Arborfield Special Care Lodge C.M.H.C., due September 1, 2021	4.54%	$113,245 Principal & interest Of which $33,189 is subsidized by SHC. Yielding an effective interest rate of 3.21%. Mortgage renewal date – February 1, 2015.	1,317,021	1,361,578

5. Mortgages Payable - continued

Pineview Lodge				
C.M.H.C., due August 1, 2019	6.875%	$21,014 Principal & interest	193,026	200,672
C.M.H.C., due January 1, 2017	6.45%	$74,803 Principal & interest Of which $30,421 is subsidized by SHC. Yielding an effective interest rate of 3.83%. Mortgage renewal date - October 1, 2005.	620,691	654,878
C.M.H.C., due April 1, 2025	6.45%	$171,615 Principal & interest Of which $120,000 is subsidized by SHC. Yielding an effective interest rate of 1.94%. Mortgage renewal date - October 1, 2005.	1,942,541	1,989,149
Chateau Providence				
C.M.H.C., due October 1, 2026	4.97%	$101,521 Principal & interest Of which $84,000 is subsidized by SHC. Yielding an effective interest rate of 0.86%. Mortgage renewal date - December 1, 2006.	1,348,068	1,382,490
Nirvana Pioneer Villa				
C.M.H.C., due September 1, 2025	8.00%	$50,382 Principal & interest	511,966	521,639
			10,696,687	11,010,729
Less: Current portion			347,634	301,966
			$10,349,053	$10,708,763

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security.

Principal repayments required in each of the next five years is estimated as follows:

2005	$ 347,634
2006	363,932
2007	381,156
2008	399,360
2009	418,602
2010 and subsequent	8,786,003
	$ 10,696,687

6. Deferred Revenue

	Balance Beginning Of Year	Less Amount Recognized From Health	Add Amount Received From Health	Less Amount Recognized From Other Sources	Add Amount Received From Other Sources	Balance End Of Year
Professional Development Funding	28,474	(32,745)	44,713	-	-	40,442
Provincial Diabetes Plan	39,944	(87,444)	47,500	-	-	-
Acquired Brain Injury	44,618	-	-	(45,511)	35,000	34,107
Kids First	20,826	(486,963)	466,137	-	-	-
Primary Care – Team Facilitator	78,600	(78,600)	-	-	-	-
Aboriginal Funding	-	-	-	(5,000)	25,000	20,000
Quality Health Workplace	-	-	64,525	-	-	64,525
HIPA	-	-	20,850	-	-	20,850
Tobacco Control	-	(15,695)	19,000	-	-	3,305
Population Health Promotion	-	(12,745)	22,000	-	-	9,255
Primary Health Services	-	-	100,000	-	-	100,000
Total	$ 212,462	$ (714,192)	$ 784,725	$ (50,511)	$ 60,000	$ 292,484

Restricted funding related to general operations from Saskatchewan Health – General Revenue Fund is recorded as revenue as the related costs are incurred.

7. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2005	2004	Capital Fund	Community Trust Fund	Total 2005	Total 2004
(Increase) Decrease in accounts receivable	$1,759,232	$ (800,972)	$ 587,231	$ -	$ 587,231	$ 1,060,932
(Increase) Decrease in inventory	175,866	(17,898)			-	
(Increase) Decrease in prepaid expenses	86,474	121,576			-	
Increase (Decrease) in accounts payable	507,429	713,045	(85,084)	(10,671)	(95,755)	(806,597)
Increase (Decrease) in accrued salaries	(618,060)	487,930			-	
Increase (Decrease) in vacation payable	335,141	203,173			-	
Increase (Decrease) in deferred revenue	80,022	(19,899)			-	
	$2,326,104	$686,955	$ 502,147	$ (10,671)	$ 491,476	$254,335

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2005 was $86,309 (2004 - $91,007). The cash and equivalent trust liability are not reflected in these financial statements.

9. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

Related Party	2005	2004
Sask Energy Incorporated, Expense	$ 894,782	$ 777,651
Sask Power Corporation, Expense	935,186	908,808
Sask Property Management Corporation, Expense	434,451	398,077
Sask Tel, Expense	455,077	427,480
Sask Workers Compensation Board, Expense	1,097,023	1,014,694
SAHO, Expense	7,110,233	5,938,667
	$ 10,926,752	$ 9,465,377

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

b) Health Care Organizations

i) Community Based Organizations and Third Parties

The RHA has also entered into agreements with CBOs and Third Parties to provide health services.

9. Related Parties - continued

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to CBOs and Third Parties:

	2005	2004
Hudson Bay & District Assessment and Resource Service	$ 79,763	$ 76,982
Pine Island Outpatient Centre	119,796	124,306
Nipawin Oasis Community Centre Co-operative Ltd.	6,600	6,511
Canadian Mental Health Association (Saskatchewan) Inc.	6,322	6,259
Kelvington Ambulance Care Ltd.	233,906	241,824
Tisdale Ambulance Care Ltd.	325,377	323,487
Shamrock Ambulance Care Ltd.	147,647	150,663
North East EMS	632,113	633,742
Melfort Ambulance Service	325,417	323,974
Quill Plains Ambulance Care Ltd.	55,890	57,619
	$ 1,932,831	$ 1,945,367

ii) Fund Raising Foundations

Fund raising efforts are undertaken through non-profit business corporations known as the Nipawin Region Health Foundation Inc. and North Central Health Care Foundation Inc. The Kelsey Trail Regional Health Authority has an economic interest in the Foundations. In accordance with donor-imposed restrictions, $171,434 (as at March 31, 2004) of the foundations' net assets must be used to purchase specialized equipment or services. The Nipawin Region Health Foundation Inc. total expenses include contributions of $67,760 (2004 - $111,329) to the RHA. The North Central Health Care Foundation Inc. total expenses include contributions of $443,305 (2004 - $186,396) to the RHA.

10. Comparative Information

Certain 2003-04 balances have been reclassified to conform to the current year's presentation.

11. Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

11. Pension Plan – continued

2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services.

Pension expense for the year amounted to $2,742,053 (2004 - $2,171,942) and is included in benefits in Schedule 1.

Effective January 1, 2005, contribution rates are as follows:

6.552% (2004 – 6.552%) of pensionable earnings up to the yearly maximum pensionable earnings (CPP) plus

8.232% (2004 – 8.232%) of pensionable earnings above the yearly maximum pensionable earnings (CPP)

12. Budget

The RHA Board approved the 2004-2005 budget plan on July 8, 2004.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing, and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other provinces. Therefore, the credit risk is minimal.

13. Financial Instruments – continued

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

  Cash and short-term investments
  Accounts receivable
  Accounts payable
  Accrued salaries and vacation payable

- For investments, the fair value is considered to approximate quoted market values.

- *The fair value of mortgages payable before the repayment required within one year is $11,595,459 (2004 - $11,925,265) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements.*

d) Short-term Borrowing/Operating Line-of-credit

The RHA has a line-of-credit of $1,000,000 (2004 - $1,000,000) with a floating rate of interest charged at Prime minus .50% which is re-negotiated annually. The line-of-credit is secured by accounts receivable including all grants, revenues and any other forms or sources of payments from the Province of Saskatchewan and any other funding bodies. Total interest paid on the line-of-credit in 2005 was $0 (2004 - $0).

14. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. Theses include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2005			2004		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Building renovations	$ -	$ -	$ -	$ -	$ 15,583	$ (15,583)
Capital asset purchases	$ (30,271)	$ 58,834	$ (28,563)	$ 22,193	$ 555,455	$ (577,647)
SHC reserves	$ (77,088)	$ 77,088	$ -	$ (84,653)	$ 84,653	$ -
Mortgage payments	$ 11,202	$ (11,202)	$ -	$ (22,890)	$ 22,890	$ -
Other	$ -	$ -	$ -	$ -	$ -	$ -
	$ (96,157)	$ 124,720	$ (28,563)	$ (85,349)	$ 678,580	$ (593,230)

15. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

16. Community Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community-generated assets in trust. The Board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the Board. The assets are interest bearing with the interest credited to the trust balance. The Board presently administers $2,808,975 (2004 - $2,428,917) under these agreements. The assets are joint property of the RHA and the community, therefore they are included as part of the assets of the Board.

Following is the status of the trust funds at March 31, 2005:

Each trust fund has a "Trust Advisory Committee" which is appointed by the various towns, villages, hamlets, and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the ratepayers of the various municipalities and shall be used for health related purposes. Jointly, the RHA Board and the Trust Advisory Committee have the power to establish rules and procedures. The joint approval of both the RHA Board and the Trust Advisory Committee is required with respect to any use of the trust fund.

17. Guarantee

The RHA has provided a $100,000.00 guarantee to a financial institution for certain loans granted to North Sask Laundry and Support Services Ltd.

18. Contingent Liabilities

a) Joint Job Evaluation Reconsiderations
The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers have filed reconsideration appeals that are currently under review. A financial obligation to pay reconsideration costs occurs once the Steering Committee reviews the recommendations from the Reconsideration Committee and reaches a consensus decision. At this time the Steering Committee has not yet reached any final decisions regarding the reconsiderations. As the final results of the reconsideration process are currently unknown, the cost of the reconsiderations cannot be reasonable determined.

b) Statement of Claim
A Statement of Claim has been filed in Court against the RHA by a long-term care resident alleging negligence and breach of trust with respect to an incident involving the Town of Nipawin's Handi-van services. The plaintiff is seeking general, special, aggravated and punitive damages, all exceeding $50,000. At this time, neither the possible outcome nor the amount of possible settlement can be foreseen. Therefore, no provision has been made in the financial statements.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2005

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Aasen, Tammy	52,908	Campbell, Vivian	65,334
Abbott, Lynda	63,710	Carswell, Kathryn	54,051
Abbs, Cathy	53,269	Chabot, Catherine	65,844
Abbs, Corinne	58,167	Christianson, Leslie	52,994
Adderley, Carolyn	57,221	Clarke, Janice	63,096
Adderley, Lyle	62,714	Cleaveley, Julie	95,607
Albano, Aleli	50,062	Cole, Betty	61,404
Anderson, Barbara	56,612	Crickett, Donna	60,444
Anderson, Penny	88,005	Cunningham, Margaret	62,603
Arndt, Kendell	72,762	Currie, Margaret	72,670
Assie, Ramona	68,600	Daisley, Rosalie	51,937
Bagnall, Charlott	65,841	Dalziel, Joan	61,047
Bair, Wendy	66,730	Davio, Emily	163,138
Baptist, Elaine	67,850	Davis, Andrea	60,554
Baranieski, Cay	62,681	Dean, Melody	74,136
Barlow, Linda	73,896	Denton, Gordon	122,646
Beaulieu, Sharon	50,480	Deschamps, Betty	52,047
Becker, Kaye	63,473	Dierker, Christine	63,045
Bedard, Christine	51,487	Dobrinski, Barn	65,645
Bedard, Gerald	64,414	Dobson, Donna	50,480
Benson, Terry	50,679	Dodds, Patricia	68,694
Bergren, Dorothy	66,912	Donald, Ronda	55,304
Bertram, Bruce	61,696	Edmunds, Beverley	51,427
Bertrand, Marilyn	60,866	Edstrom, Darlene	59,290
Bischoff, Carrie	56,324	Elliott, Patricia	50,480
Bitzer, Denise	61,935	Ens, Evan	53,216
Black, Joan	60,677	Fagnou, Bettylou	59,835
Blair, Judy	70,699	Ferguson, Heather	66,272
Bone, Eileen	62,435	Fidyk, Melanie	72,686
Bonsan, Roxane	57,577	Firman Depeel, Christine	68,529
Boyse, Laura	59,501	Folden, Deanna	78,603
Bradshaw, Katherine	69,350	Friesen, Dwayne	63,061
Brockman, Judy	135,069	Friesen, Lori	53,854
Brothwell, Linda	70,292	Frisky, Sharon	84,268
Brothwell, Sherry	65,129	Gallays, Paulette	61,263
Brown, Diane	51,563	Glaves, Connie	67,632
Bulmer, Louise	63,031	Gorniak, Marlys	51,077
Burt, Mary	61,926	Hage, Barbara	50,688

Cal, Shelly	91,428
Cal, Tara	52,060
Haley Callaghan, Anne	89,399
Hall, Judy	68,427
Hampton, Bonnie	62,483
Hancock, Jason	50,156
Harper, Rennie	95,607
Hayduk, Michael	60,681
Hayward-Hunkin, Mickie	69,123
Hedin, Joann	59,181
Hedin, Wayne	56,869
Hemingson, Linda	65,005
Herzberg, Sylvia	55,040
Hewitt, Annadawn	60,996
Hobbins, Tim	67,860
Hoffus, Marianna	50,389
Hughes, Tracy	59,423
Hunt, Shirley	50,480
Hunt, Stacey	53,598
Ives, Brenda	53,997
Jones, Judy	52,560
Jordison, Katie	54,109
Khan, Monhammad	149,701
Kiefer, Marilyn	78,089
Kimball, Valerie	51,404
Kiteley, Wanda	56,877
Kovach, Tammy	59,421
Kowal, Louise	67,706
Krieg, Garry	54,680
Kwasney, Laurie	77,611
Lalonde, Deborah	58,207
Lalonde, Florence	61,873
Leblanc, Renee	63,440
Lee, Roxanne	64,014
Lehne, Cheryl	50,024
Litzenberger, Joan	61,964
Logan, Kim	53,273
Long, Valerie	60,576
Love, Nicolette	58,165
Lyons, Barry	74,814
Macpherson, Marilynn	53,685
Magnus, Rollande	58,666
Mahon, Sherry	51,715
Mahussier, Wanda	58,780
Major, Lisa	65,250
Marleau, Barbara	56,075
Martin, Kade	52,570
Martin, Pauline	64,780
Martin, Scott	59,145
Matiasz, Tammy	56,647
Mayerle, Jonathan	59,226
Mccorriston, Elizabeth	62,207
Mckay, Pamela	81,457
Schmaltz, Carlene	63,832
Hagen, Maureen	60,416
Hale, Beverly	50,480
Mclean, Cheryl	61,250
Meier, Bonnie	62,566
Merriman, Shane	95,607
Messner, Janice	66,260
Mevel Degerness, Nadine	54,290
Meyer, Kathleen	53,133
Miller, Heather	59,920
Miller, Margaret	61,461
Mitchell, Trent	61,935
Moen, Judith	63,473
Moore, Nicolette	53,961
Morin, Natalie	72,000
Myhre, Christie	52,154
Naber, Colleen	68,684
Neigel, Cindy	61,385
Neiszner, Tanya	61,687
Neumann, Velma	62,379
Nickel, Rhonda	66,996
Nogier, Wayne	64,574
Oftebro, Marilyn	62,249
Olson, Michelle	53,573
Pasishnek, Leanne	52,625
Pederson, Patricia	70,396
Peters, Richard	69,181
Peters, Sharon	62,190
Petersen, Lorraine	63,150
Philipation, Ryan	61,619
Phillips, Lisa	70,835
Pohl, Christine	71,887
Pollreis, Bonnie	56,875
Pulkinen, Marjorie	61,399
Read, Ruth	53,685
Reid, Barbara	57,278
Robb, Eleanor	63,660
Roberts, Elizabeth	50,345
Robin, Rosanne	53,793
Romaniuk, Trina	58,525
Rudachyk, Betty	61,263
Rudychuk, Margaret	63,366
Runn, Dianne	59,421
Russell, Hilda	54,086
Rutherford, Shelley	71,293
Rybinski, Joe	95,607
Ryhorchuk, Mabel	58,550
Saranchuk, Jocelyn	52,991
Sauer, Teresa	52,525
Saynes, Maria	61,663
Scarf, Jeannette	58,194
Scheidl, Carol	65,956
Scheidl, Leonard	69,479
Schell, Wendy	62,364
Tyckon, William	61,527

Schultz, Rita	52,919
Seck, Emily	59,926
Sefton, Judy	63,473
Seiferling, Sheila	50,539
Serhan, Deanna	67,632
Shaner, Carol	61,253
Simpkins, Debby	61,169
Sloan, Bruce	52,730
Slobodzian, Fred	66,340
Smith, Douglas	50,767
Solsten, Julie	52,780
Spagrud, Lois	58,196
Spice, Linda	58,349
Stadnek, Sonja	58,231
Stensrud, Colleen	60,791
Stevenson, Cheryl	64,174
Stevenson, Kathleen	60,177
Streeton, Patricia	62,589
Styan, Cathy	50,077
Swanson, Joan	63,473
Tatarynovich, Mary	66,147
Taylor, Gloria	60,864
Taylor, Patricia	76,325
Terry, Douglas	72,712
Thomas, Susan	61,241
Turner, Wendy	52,511
Tyckon, Lorraine	57,851
Unger, Catherine	62,196
Vancamp, Jackie	63,680
Vandertweel, Barbara	50,511
Wagner, Connie	57,233
Walter, Darin	77,546
Warner, Bessie	65,584
Warriner, Valerie	81,647
Warsylewicz, Cynthia	55,936
Watson, Heather	61,415
Watt, Anita	67,864
Weger, Cheryl	68,867
Weseen, Sandra	74,870
Wesnoski, Barbara	58,318
Whitehead, Merna	52,980
Wiebe, Helen	53,101
Wilkie, Wendy	61,911
Wilson, Doris	66,234
Wojcichowsky, Linda	54,489
Wood, Sharon	71,887
Worsley, Kathy	65,654
Wozniak, Deborah	56,389
Yaholnitsky, Pearl	59,832
Yaremy, Carol	58,646
Yeo, Charles	65,250
Yeske, Brenda	56,370
Young, Marilyn	63,397
Zens, Arlen	63,473

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

None

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Abbott Laboratories Ltd	235,928
Alcon Canada Inc	121,115
Bayer Inc.	58,014
Beckman Coulter Canada Inc	87,932
Brennan Office Plus	55,718
Bunzl Distribution Inc	116,615
Chef Redi-Meats	117,470
City Of Melfort	78,738
Cpdn/Rcdp	202,651
Dairyland Fluid Division Ltd.	129,898
London Life Insurance Co.	126,275
Mckesson Canada	275,084
Medtec Marketing Limited	113,449
Dataport Computer Centre	99,777
Ge Medical Systems	113,155
Grand & Toy Ltd	78,023
Great West Life	297,065
Gurgul, Dr. Mariusz	96,000
Hudson Bay & Dist. Assess & Res.	80,263
Jb Medical	53,737
Johnson Diversey Lever Canada	60,804
Kelvington Ambulance Care Ltd	242,001
Kramer, Dr. Michael	55,681
Sask Power	935,186
Sask Property Manage-Dist	434,451
Sask Registered Nurses Ass'N	58,401

Melfort Ambulance	326,597	Sask Tel	393,555
Melfort Coop Assn Ltd	56,479	Sask Tel - Mobility Cntr	61,217
Metis Nation Eastern Region Ii	113,650	Sask Workers Compensation Board	1,097,023
Nex Innovations Inc.	62,675	Saskatoon Health Region	135,919
Nipawin Day Care Cooperative	71,737	Schaan Healthcare Products	881,426
Nipawin Flight Center	63,417	Sgeu - Dues Remittance	394,726
North East Ems	640,039	Sgeu - Long Term Disability	272,089
North Sask Laundry& Support Serv	873,736	Shamrock Ambulance Care Ltd	147,647
Northern Grocers Inc	78,197	Shepp - Pension Benefits	5,165,191
Nova Biomedical Canada Ltd.	55,184	Somagen Diagnostics Inc	86,175
Ormed Information Systems Ltd	59,929	Source Medical	155,144
Ortho-Clinical Diagnostics	221,692	Steris Canada Inc.	62,017
Prairie Meats	61,082	Sterline Truck & Trailer Sales	51,642
Prince Albert Parkland	162,428	Sun	189,950
Public Employees Superann. Plan	75,873	Sun Life Financial	65,710
Quill Plains Ambulance Care	55,890	Sunspun Food Service	59,861
Rcpd/Cpdn	74,097	Supreme Basics (Regina)	51,861
Receiver General Of Canada (Tax)	14,301,493	Sysco Food Services Of Regina	736,121
Red Carpet Foods	51,380	The Insurancentre	204,275
Saho - Dental Plan Benefits	471,123	Tisdale Ambulance Care Ltd	327,801
Saho - Disability Income Plan	369,231	Van Der Merwe, Dr.	119,000
Saho - Employee Benefits	888,191	Vitalaire	55,516
Saho - Hssg Payroll Dept.	179,731	Waldbillig, Peter	62,789
Sask Energy	894,782		

Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

None

For further information regarding material presented in this Report,
please contact:

Kelsey Trail Health Region
901-108th Ave. West
Box 1780
Tisdale, Saskatchewan
S0E 1T0
Phone (306) 873-3100
Fax (306) 873-3224
www.kelseytrailhealth.ca

Addendum to the Kelsey Trail Health Region Annual Report
April 1, 2004 – March 31, 2005

During the printing process, the attached financial schedules 1 through 5, were inadvertently missed.

They should follow page 56 as part of the "Notes to the Financial Statements".

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
For the Year Ended March 31, 2005

Schedule 1

	Budget 2005	2005	2004
Operating:			
Benefits	$ 8,250,275	$ 8,231,335	$ 7,428,926
Board costs	100,452	87,972	83,076
Diagnostic imaging supplies	122,229	130,303	132,065
Drugs	725,084	624,956	661,829
Food	1,451,259	1,513,454	1,500,191
Grants to ambulance services	1,669,739	1,720,351	1,731,308
Grants to third parties	-	-	-
Housekeeping and laundry supplies	234,906	204,258	247,001
Information technology contracts	345,000	351,663	251,312
Insurance	206,820	208,441	175,462
Interest	6,130	4,989	4,964
Laboratory supplies	639,300	744,228	637,333
Medical and surgical supplies	1,238,893	1,316,591	1,307,942
Medical remuneration and benefits	2,493,109	2,489,891	2,262,449
Office supplies and other office costs	400,516	392,388	430,935
Other	1,385,649	1,500,824	1,489,307
Other referred out services	770,800	779,481	734,787
Professional fees	384,344	357,420	287,642
Prosthetics	-	-	-
Purchased services	912,535	872,396	964,587
Rent/leases/purchases	328,607	388,837	380,346
Repairs and maintenance	699,731	677,274	598,756
Salaries	45,775,021	46,085,160	45,045,563
Service contracts	162,490	291,674	187,440
Travel	827,694	984,980	913,774
Utilities	1,946,726	2,040,440	1,935,910
	$ 71,077,309	$ 71,999,306	$ 69,392,905
Restricted:			
Amortization		$ 4,105,466	$ 3,723,041
Loss on disposal of fixed assets		-	-
Other		713,934	776,368
		$ 4,819,400	$ 4,499,409

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF CONSOLIDATED INVESTMENTS
For the Year Ended March 31, 2005

Schedule 2

		Amount	Maturity Date	Effective Rate	Coupon Rate	
Restricted Investments						
Cash and Short Term						
Chequing and Savings:						
Tisdale Credit Union Limited	$	5,017,049				
Long Term						
Province of Saskatchewan bonds		40,453	Jul-05	5.000%	5.000%	
CIBC Dow Jones linked deposit		220,029	Nov-06		index adjusted with 2.83% guarantee	
Province of British Columbia bonds		856,776	Jan-08	7.010%	-	
		1,117,258				
	$	6,134,307				
Unrestricted Investments						
Cash and Short Term						
Cash on hand	$	10,470		-	-	
Chequing and Savings:						
Tisdale Credit Union Limited		3,902,921		-	-	
Nipawin Credit Union		293,739		-	-	
Advantage Credit Union		305,014		-	-	
		4,512,144				
Long Term						
Province of Saskatchewan bonds		59,547	Jul-05	5.000%	5.000%	
Province of Saskatchewan bonds		100,000	Jul-05	5.750%	5.750%	
Province of British Columbia bonds		22,800	Jan-08	7.010%	-	
		182,348				
	$	4,694,492				
Total Investments	$	10,828,799				
Market Value	$	10,924,507				

Restricted Investments consist of: community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule of Externally Restricted Funds); and replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (A Division of Saskatchewan Municipal Government) (SHC) are held in the Capital Fund (Schedule of Internally Restricted Funds).

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2005

COMMUNITY TRUST FUND EQUITY

Schedule 3

	Balance Beginning Of Year	Investment & Other Revenue	Donations	Expenses/ Withdrawals	Balance End Of Year
Edith Campbell Bursary	$ -	$ -	$ 7,500	$ -	$ 7,500
Hudson Bay Ambulance	83,307	1,962	-	(3,306)	88,576
Hudson Bay Health Care Facility	70,199	2,729	65,574	6,802	131,699
Kelvindell Lodge	69,875	1,669	5,244	-	76,788
Kelvington Hospital	52,809	1,743	56,271	-	110,823
Margaret Aikenhead Bursary	3,095	100	-	1,000	2,195
New Market Manor	327,537	8,002	4,619	2,541	337,617
Pam Worley Bursary	1,157	51	-	100	1,108
Pasquia Home Care	222,699	5,389	-	8,780	219,308
Porcupine Plain Hospital	100,819	3,307	88,084	15,250	176,961
Ralston Medical Research	586,200	36,395	-	30,000	592,595
Red Deer Nursing Home	23,905	569	1,770	-	26,243
Rose Valley Health Centre	81,456	1,993	80	520	83,009
Sasko Park Lodge	124,560	3,031	90	-	127,680
Tisdale Hospital	587,817	52,660	38,976	(6)	679,459
Tisdale Hospital - Dialysis Unit	93,481	2,726	51,207	-	147,415
	$ 2,428,917	$ 122,325	$ 319,416	$ 61,682	$ 2,808,976

CAPITAL FUND

	Balance Beginning Of Year	Investment & Other Revenue	Capital Grant Funding	Transfer to Investment In Capital Asset Fund Balance	Balance End Of Year
Cumberland House Health Center	$ 150,035	$ 18,580	$ -	$ 13,432	$ 155,183
Life Safety/Emergency Project	-	-	410,000	90,079	319,921
Nipawin Hospital/Pineview Lodge Project	303,094	126,613	-	335,046	94,661
Other	-	161,923	316,000	209,271	268,652
Parkland Project	405,261	62,611	-	122,283	345,589
Safer Workplace/Patient Care Project	-	-	560,000	-	560,000
	$ 858,390	$ 369,727	$ 1,286,000	$ 770,111	$ 1,744,006

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2005

Schedule 4

	Balance Beginning Of Year	Investment & Other Revenue	Annual Allocation	Transfer (To) From Other Funds	Expenditures	Balance End Of Year
SHC Replacement Reserves						
Arborfield Special Care Home	203,206	4,954	-	-	6,194	201,966
Chateau Providence	179,265	13,315	-	-	-	192,580
Hudson Bay Health Care Facility	76,402	1,862	-	-	-	78,264
Kelvindell Lodge	81,811	1,994	-	-	-	83,805
Newmarket Manor	118,590	2,814	18,000	-	6,624	132,780
Nirvana Pioneer Villa	327,435	24,304	-	(200,000)	-	151,739
Pasquia Special Care Home	21,929	617	5,800	-	-	28,346
Pineview Lodge	85,704	1,481	11,254	-	15,095	83,343
Red Deer Nursing Home	108,700	2,589	-	-	8,693	102,596
Sasko Park Lodge	13,437	327	4,320	-	-	18,084
	1,216,479	54,258	39,374	(200,000)	36,607	1,073,503
Other Internally Restricted Reserves						
Activities-Arborfield Special Care Home	$ 3,272	$ 6,549	$ -	$ -	$ 5,844	$ 3,977
Activities-Carrot River	20,611	2,347	-	-	10,320	12,638
Ambulances	99,761	2,433	30,000	-	-	132,194
Capital	102,581	17,122	-	-	119,703	0
Carrot River Furnishing Fund	12,735	247	-	-	2,433	10,549
Newmarket Manor - Construction	219,867	5,344	-	-	3,001	222,210
Palliative Home Care	12,283	392	-	-	1,679	10,996
Parkland	-	-	-	200,000	-	200,000
Rose Valley Health Centre	26,766	638	7,424	-	6,585	28,243
Tisdale Joint Use Facility	1,951	47	290	-	-	2,289
	499,828	35,120	37,714	200,000	149,566	623,096
TOTAL	$ 1,716,307	$ 89,377	$ 77,088	$ -	$ 186,173	$ 1,696,599

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation.

The above schedule shows the changes in these reserve balances during the year.

KELSEY REGIONAL HEALTH AUTHORITY

Board Remuneration, Benefits, and Allowances
for the year ended March 31, 2005

Schedule 5

	2005				2004		
Board Members	Retainer and Per Diems	Benefits[1]	Other Expenses	Total	Retainer and Per Diems	Benefits and Other Expenses	Total
Chairperson							
Carol Hayward	$ 19,036	$ -	$ 1,865	$ 20,901	$ 25,529	$ 4,412	$ 29,940
Board Member							
Dale Link	6,025	-	2,280	8,305	7,300	2,497	9,797
Robert R. Cheechoo	6,913	-	4,138	11,051	6,200	3,591	9,791
Bruce Karras	4,225	-	809	5,034	3,413	102	3,514
Minnie Deutsch	5,125	-	844	5,969	7,275	534	7,809
Steve Rudy	6,434	-	2,321	8,755	7,117	2,393	9,510
Marion L. Heavin	3,750	-	583	4,333	5,175	518	5,693
Lana Thompson	2,525	-	526	3,051	4,468	977	5,445
Kathleen Bedard	3,585	-	1,447	5,032	3,880	832	4,712
Harry Polko	1,060	-	467	1,527	5,013	2,167	7,179
Carla Hipkins	4,413	-	2,209	6,622	5,150	1,476	6,626
Wayne Black	-	-	-	-	3,963	1,459	5,421
Darrel Guy	3,225	-	2,395	5,620	-	-	-
Don DeMarsh	1,750	-	511	2,261	-	-	-
Total	$ 68,066	$ -	$ 20,395	$ 88,461	$ 84,481	$ 20,957	$ 105,437

(1) Benefits includes employer CPP and all travel time.

(2) Includes expenses while sitting as a member of Regional Health Authority Planning Committee in 2004.

Senior Management Salaries, Benefits, Allowances, and Severance
for the year ended March 31, 2005

	2005							2004			
					Severance						
Staff	Number of FTE's	Salaries[1]	Benefits and Allowances[2]	Sub-total	Number of FTE's	Amount	Total	Number of FTE's	Salaries, Benefits and Allowances	Severance	Total
Chief Executive Officer	1	$ 122,646	$ 22,076	$ 144,722	-	$ -	$ 144,722	1	$ 137,456	$ -	$ 137,456
Senior Positions:											
Integrated Health Services	1	111,378	20,048	$ 131,426	-	$ -	$ 131,426	1	122,030	-	122,030
Finance and Information	1	95,607	17,209	$ 112,816	-	$ -	$ 112,816	1	107,564	-	107,564
Community Services	1	95,607	17,209	$ 112,816	-	$ -	$ 112,816	1	107,564	-	107,564
Corporate Planning	1	95,607	17,209	$ 112,816	-	$ -	$ 112,816	1	109,418	-	109,418
Operations	-	-	-	$ -	-	$ -	$ -	1	116,034	-	116,034
Human Resources	1	95,607	17,209	$ 112,816	-	$ -	$ 112,816	1	107,564	-	107,564
Medical Health Officer	1	149,701	26,946	$ 176,647	-	-	176,647	1	119,549	-	119,549
								-	-	-	-
Total	7	$ 766,153	$ 137,907	$ 904,060	$ -	$ -	$ 904,060	8	$ 927,179	$ -	$ 927,179

(1) Salaries include regular base pay, overtime, lumpsum payments, honoraria, and any other direct cash remuneration including sick leave and vacation.

(2) Benefits and allowances include the employer's share of statutory and non-statutory benefits, and employee's taxable allowances.